East Sussex Better Together:
Shaping Services for the Future

Feedback Report
Shaping Health and Care Services Events
October and November 2014

We would like to thank all those who came and participated so actively.

For a hard copy version of this report or the presentations from the events please call 01273 485300 (extn-3687) and speak to our Engagement Officer.

To continue to inform our plans as part of East Sussex Better Together - You said, we did.....

You said we should invest more on ill-health prevention and target areas of need

We have invested in more GP visits to the homes of older people to check on health needs and help them stay healthy and independent as long as possible
We will continue to focus and invest in areas of health inequality such as in Hastings and the Havens

You said to link GPs with voluntary and community services so they can refer patients to them for advice and support

We have a service provided by Citizens' Advice Bureau to link people with benefits advice
We will invest in more voluntary services and link the list of services available in the community with GP computer systems for easy referral and signposting

You said we should have an easy point of access to services so your treatment and care is more joined up

We have planned a streamlined way of accessing services for health and social care for adults with physical needs to launch in April 2015
We will then develop this for children and for access to mental health services

You said you want health and social care teams to be locally based to fit around your needs

We have begun to design integrated health and social care teams to work in localities
We will roll these out during 2015/16

You said you want good ways to support people to manage their own health

We have begun a pilot scheme to test peer and web-based support for managing long term conditions
We will roll out implementation of Telehealth services in GP practices

Introduction

The three clinical commissioning groups (CCGs) in East Sussex (Eastbourne, Hailsham and Seaford CCG, Hastings and Rother CCG and High Weald Lewes Havens CCG) have been holding twice-yearly Shaping Health workshops with local people since their formation in April 2013. This was the fourth round of such events. The workshops form part of our continuing approach to listen to the patient and public voice and use this to help shape local health services.

At our workshops in the springtime, we talked about ***East Sussex Better Together***, our programme with East Sussex County Council to work together to achieve a fully integrated health and social care system in East Sussex, so we can ensure high quality and affordable care now and for future generations.

Participants fed back that they wanted these events to be jointly hosted with the County Council so we can discuss health *and* social care services. These events are now called ***Shaping health and social care*** and this report reflects this new shared approach.

The events were promoted to local people through the CCG and East Sussex County Council websites, social media channels, patient participation groups, voluntary organisations, community groups and strategic partners. More than 200 people participated in the workshops in addition to local clinicians and staff from CCG as well as staff from the County Council.

Each CCG hosted an event in its area together with the council and provided an opportunity to focus on the achievements and challenges for that area. All three workshops followed a common format and shared the theme – East Sussex Better Together. The aim of the events was to provide local people with the chance to:

- Hear about how CCGs have acted on the learning from the Shaping Health Services events in spring 2014.
- Hear about our progress so far in making sure we can ensure high quality and affordable care now and for future generations.
- Hear about the Care Design Groups from the perspective of a patient or public participant
- Help us design health and social care services that are right for East Sussex.
- Contribute to the development of approaches to self-management of long-term conditions and to dementia care
- Ask questions and raise issues directly to CCG governing body members and senior social care professionals.

This report records the learning from all three events; a single report has been produced to provide a more comprehensive picture of the feedback gathered to inform the development of our plans going forward. This also allows participants to see the contributions from each event and how themes have been identified across all three workshops. If a subject was particularly relevant to one area then this has been made clear within the report.

East Sussex Better Together is a programme to support a co-ordinated approach to planning health and social care across Eastbourne, Hailsham and Seaford CCG, Hastings and Rother CCG, High Weald Lewes Havens CCG, and East Sussex County Council.

Presentations

The workshops began with presentations to update participants on the progress CCGs had made since the last round of events. The national context about challenges facing the NHS and social care services was presented alongside more detailed local context about how we are working together to address these challenges.

The first presentation of the workshops was delivered by CCG clinical chairs and described the progress made by CCGs over since the Shaping Health events held on April and May 2014. This included:

- Improvement to the safety and quality of safer maternity, inpatient paediatric and emergency gynecology services.
- Plans to reduce health inequality in Hastings, Newhaven and Peacehaven.
- A new contract for a musculoskeletal service in Eastbourne, Hailsham and Seaford and High Weald Lewes Havens to improve quality of care and enable more people to access services closer to home.
- The start of a pilot scheme in Eastbourne to help patients to better manage their own long-term conditions through peer support, training and use of technology.
- An agreement to re-procure community health services in High Weald Lewes Havens to secure better services for local people.
- Delivery of development days for patient participation groups.

Clinical chairs reminded attendees of the shared vision of the three East Sussex CCGs and East Sussex County Council to work together with the public to transform health and social care over the next three years through ***East Sussex Better Together.***

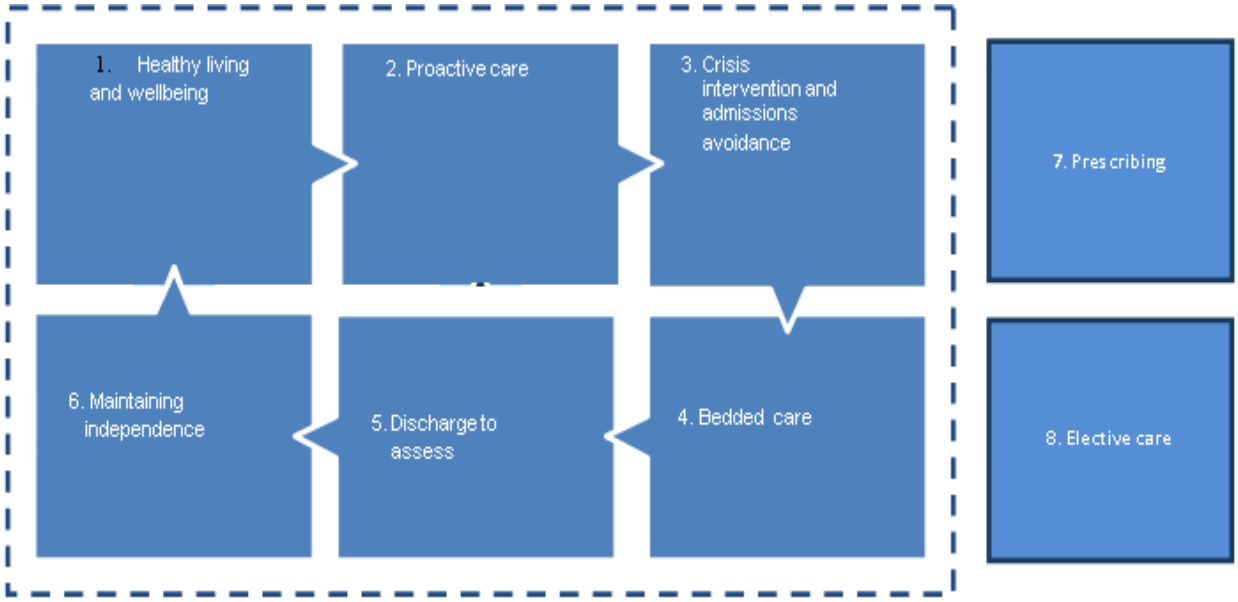
The second presentation was delivered jointly by health and social care and described East Sussex Better Together – the story so far.

This described how a range of engagement activities were continuing to help shape East Sussex Better Together by providing important insight from the users of services. These had included:

- Focus groups
- Shaping Health events
- Ongoing engagement with a range of representative organisations including GP practice participation groups, critical friends, partnership boards, client and carer forums and the East Sussex Seniors Association
- Public and voluntary sector representation on the East Sussex Better Together Care Design Group.

There was a reminder of the challenges we face that highlighted the following points:

- We spend around £935 million every year on commissioning health and social care (planning and buying the majority of local services)
- More than half the total spend is for people over 65 years.
- Patients over 85 years use on average health and social services equivalent to £8,180 per year as compared with £1,740 average for other age groups in East Sussex
- Our population is growing, people are living much longer and developing multiple long term conditions – the demand for local health and care services is growing faster than our budget
- The services we provide at the moment, whilst often good, are not always the services that best meet the needs of how we live our lives today.
- So we need to work together to make sure we spend 100% of our money, funded by tax payers, better and more effectively so that every penny really counts.
- We want to think differently about how we meet the challenges of changing need and finite funding, and we want to do this together.
- Doing nothing is not an option: to carry on as we are will mean that by 2018 we will have a £240m funding gap across the county.
- This was followed by a reminder of how we are thinking differently and together to get this right. Below is our single framework to bring together the entire spectrum of services people need to be fully supported at every stage of their health and care needs.



The first six boxes bring together our aspirations to focus on proactive care in order to meet people's needs, make sure services are joined-up and prioritise services that help people be more independent.

Boxes seven and eight focus on the important aspects of 'prescribing' and 'elective care' (e.g. surgery and other planned care), where we believe we can make big improvements in value and service quality.

Words into action

The way this can be applied to transform services in local communities has been considered through a **Care Design Group (CDG)** approach. The CDG has brought together more than 40 health and social care professionals, voluntary sector and patient and public representatives, to consider how the aims of the programme can be applied in local communities of around 50,000 people. This process has identified the following priority areas of focus so far:

- **Development of integrated community health and social care teams around localities**
- **Streamlined points of access for health and social care services**
- **GP led access for urgent care and support**
- **Planned care (e.g. planned hospital operations)**
- **Getting the best value from medicines**

Participants heard that at the last events, one of the areas of focus was on medicines, so these workshops had been designed in order that they could work on the plans for the first four of these priorities, to help us get the plans right.

To help set the scene for the table discussions to follow, at each of the events, public and patient representatives offered their reflections on being involved in the East Sussex Better Together Care Design Group.

The representatives reported how they felt the mix of skills in the Care Design Group – health and care professionals and managers, GPs, pharmacists and the public - meant that the health and social care system was considered as a whole and taking account of the views and experiences of all involved.

After two days of intense work, they felt the four main priorities agreed would be the first steps in transforming health and social care to better meet the needs of local people and face the financial and other challenges of the future.

Your questions answered

There was an opportunity for participants to ask questions to the panel and the following key themes (together with their answers) arose.

Questions to the panel
Q Are children's services part of East Sussex Better Together and will this include Child and Adolescent Mental Health services and services focused on proactive care?
A Yes. Our early focus has been on adult services because of our older than average population, so we wanted to make sure we get that right. We are making sure our plans cover everyone and focused work on children's services will begin in earnest in the New Year. This will include Child and Adolescent mental health services and services focused on proactive care.
Q What is a locality as part of East Sussex Better Together and how many localities are there across the area?
A A locality will be a defined geographical area where it makes sense to build our services around. Our early planning has used a figure of about 50,000 population but we understand that communities are not all the same so it is likely that these localities will be different sizes. We are currently planning exactly how this will best work.
Q Are you using learning from elsewhere (for example the development of single points of access) to inform what we do here in East Sussex?
A Yes. We have reviewed a lot of different models both nationally and internationally so we can learn and use what will be most appropriate for us locally.
Q How is the charitable and voluntary sector involved in East Sussex Better Together as many of these organisations support people with long-term conditions?
A We recognise the very important role that this sector plays and want to make the most of every opportunity we can to work in partnership for the benefit of our local communities. We have made sure to involve representatives in all of our planning so far and hope that organisations and individuals will continue to get involved as we move forward.

Q Is access to services being considered as part of East Sussex Better Together?
A Yes. Improving access to services is a key priory and we expect many services to be available closer to where people live. We do understand that travel and transport can sometimes be a concern for local people so it is important that this has been raised as part of our planning.
Q What is your county wide strategy on preventing domestic violence?
A The CCGs and East Sussex County Council work closely with other statutory organisations in the county on all safeguarding issues. We have joined up policies and procedures for safeguarding adults and children and there are separate multi-agency partnership boards for safeguarding adults and children.

Participants also offered some helpful comments for us to consider when communicating our plans:

- Re-ablement is really important for many people when recovering from a period of treatment or ill-health, but promoting well-being and independence means different things to different people. An example was given that for people with learning disabilities or autism will not be focusing on recovery, they just need to be supported to live their lives.

- When explaining about the cost of healthcare and the increased cost per year as people get older, it is important to make sure this does not sound as if it is the older person who is at fault!

Your help to design how services should look on the ground

Following the presentations, participants were invited to join small table discussions to explore in more detail three identified priority areas and how they would like to see changes in the way services are commissioned for the better as well as how these services could be integrated around people's needs and those of their local community. A series of questions were provided for each discussion group to consider and generate further debate and thinking:

Developing community health and social care teams

- What has worked well for you when receiving health and social care at the same time?
- Did you receive seamless coordinated care?
- Were you involved in decision making about your care?
- How would you be confident that your health and social care is being successfully coordinated?

Developing better ways of accessing urgent care and support

- Can you think of an example of when you (or someone you know) has used A&E but would have preferred to have used a different service if that had been available?
- If we were to establish a new primary care led urgent service adjacent to A&E, what services do you think this should include?
- Think about a time your GP or other care professional has needed to link with another service on your behalf. What worked well?

Developing a streamlined point of access for health social care services

- What services/functions do you think should be part of this service?
- Where do you go for information or to access services? What works well?
- A time when your GP/care professional need to link with another service - what worked well?

Improving ways of accessing and managing planned care

- Needing to go to hospital for diagnosis - how could we do this differently?
- What is important to you when receiving planned health or social care?
- What information would help you decide on best treatment for a planned procedure?
- Where would you prefer to access this information?

We have analysed the responses for key themes and issues raised were common to all table discussions. Full responses and how these have been categeorised are available as separate documents:

- Eastbourne, Hailsham and Seaford event
- Hastings and Rother event
- High Weald Lewes Havens event

What you told us – key themes

Overarching themes
Services should be person-centred: this feedback focused on the importance of the individual and their informal support systems, such as family and carers. The care and support provided from services should consider and build around a person's physical, mental and environmental needs. All services should take this into account as they are redesigned for the better.
Services should inclusive: people should be included in their own treatment and care and we should think carefully about how to remove any barriers, including language barriers. Consideration must be given to the needs of people with learning disabilities and ways in which they are included in planning and accessing services.
Good access to services in the community: in order to make sure hospital services are only used when needed, more community based services should be developed and the proposed local health and social care teams should offer 24 hour multi-disciplinary care. This is particularly important to those living in rural communities.
Co-ordinated care: the importance of a consistent point of contact, such as a key worker, during the care process was stressed. This is of particular relevance to designing the health and social care teams and streamlining access to services. The key worker would provide information, support and guidance throughout the care pathway.
Use of technology: this should be used to share people's details across services so professionals are able to work more efficiently and speed up the process for the people using the service. Systems across organisations need to be able to connect with each other.
Relationships, culture and communication: relationships and communication between professionals and patients need to be improved. Communication and two-way dialogue is important in providing inclusiveness and appropriate health and social care. The relationships between professionals from all disciplines needs further development through information sharing. Methods discussed included: • Better use of information technology • Keeping staff informed and well educated of the roles of other relevant professionals • Improving the internal cultures within the services in order to provide a caring, considerate and inclusive service.

Good information about services: all information should be accurate and relevant. All leaflets, flyers and other written information should be written in simple easy to read language. Access to member of staff who could answer any questions or concerns is also important.

Having a variety of methods to access information is important and making better use of shared patient experience, peer mentoring and peer support groups as a way of sharing information was noted.

What you told us about each of the priority areas

Developing community health and social care teams
You would like to see a single point of access to make it easier to know where to go to get help.
You would like to see good co-ordination so one person is responsible for getting all of the treatment and care you need in place: a key worker model was suggested.
You would like to see good discharge planning and involvement of individuals and their carers in that planning.
You would like us to make sure any equipment people may need to be supported in the community is integral to the service.
You would like us to make sure that good information about medicines you may need is available and explained clearly.
You would like community nursing (and other professionals) to be working alongside GPs to provide seamless care.
You would like electronic health and care records to be accessed by all who need to within the team to provide co-ordinated seamless care.
You would like the voluntary sector and pharmacists to be linked in with the teams so that the support they offer can be integrated into your care.
You would like teams to be locally based and accessible.

Developing better ways of accessing urgent care and support
You would like a simple way to access services and for the first person you have contact with to take responsibility for ensuring your care is co-ordinated.
You would like to be able to access the equipment you might need to keep you at home 24/7.
You would like emergency access to mental health services to be included in the model.
You would like better and easily accessible information about what services to access and how.
You suggested that GP surgeries could extend their hours for patients to also attend from other surgeries.
You would like local access to 7 day a week community based health and social care services.
You would like us to think about how telehealth and telecare could be used to prevent people from needing to attend hospital when there might be a better solution.
Developing a streamlined point of access for health and social care services
You would like us to consider including the following services as part of a streamlined point of access: acute hospital, social care for adults and children; equipment services, community stroke rehabilitation teams; mental health services; falls services; sensory impairment team; dentistry; speech and language services; occupational health; counselling; palliative care, voluntary sector services.
You would like us to make information about how to access services easily available in places such as libraries, pharmacies, GP practices, opticians, high street outlets, housing providers, citizen's advice bureaux, as well as on-line and ensuring health and social care professionals have up to date information and advice.
The access point needs to make sure care is streamlined and that people need only give their details once, to one person. It was noted that electronic records may help with this but we need to make sure information is always handled confidentially and is appropriate.
Improving ways of accessing and managing planned care.
You would like to make sure that once an operation or procedure is planned, it does not get cancelled.
You would like all diagnostics to be ready and available when you attend for an assessment.
You would like there to be local access to follow-up appointments, rather than having to attend hospital.

You would like people to be given good access to support and resources so that they can self-manage following hospital discharge after a procedure or operation.
You would like better use of technology to reduce multiple appointments and to get quicker access to results. A one-stop-shop approach might be a good way to do this.
You would like good and clear information about your treatment to be easily available in arrange of formats and a range of methods. You would also like to be able to have face-to-face contact to ask questions when needed.
You would like to be able to have some diagnostics undertaken in your community; at a GP practice or at home, rather than needing to go to hospital for simple procedures.
You would like appointment systems to be convenient, so that appointments can be made for a time that works for you. Booking systems in GP surgeries was suggested.
You would like more specialisms in the community rather than hospital based.

How we have used this information

We have been able to use some of this information already to help us finalise our early plans. Examples of this include:

- Developing a streamlined point of access to health and social care services (adults) for launch in April 2015
- Developing a blue print for integrated community health and social care teams will make sure that community nursing and social workers work alongside GPs and other health professionals to provide seamless care
- Developing care co-ordination and case management as a fundamental part of the health and social care teams
- Improving access to equipment to support people at home by re-tendering for this service.

We will take all of this information to the East Sussex Better Together planning groups and ask them to make sure it is fully considered.

Supporting people to manage long term conditions – what's important to you?

This session was run at the events in Eastbourne and Hastings and focused on understanding what we should make as a priority to support people living with long-term conditions. A brief presentation described what self-management means and why it is important in improving quality of life. In brief, self-management involves supporting individuals to develop their knowledge, skills and confidence to make informed decisions and adapt their health-related behaviours.

The principles of better self-management mean moving away from people as passive recipients of care to a collaborative relationship where individuals are active partners in their own health. Key facts provided included:

- There are 15 million patients with long term conditions in England.
- The Department of Health predicts there will be a 252% increase in people over 65 with one or more long term condition by 2050.
- People with long term conditions account for 50% of all GP appointments, 65% of all outpatient appointments, and 70% of all inpatient bed days.

What we have learned from elsewhere is that helping people to learn self-management skills result in improved quality of life with better management of conditions

Following this introduction to self-management, people worked in small groups to learn about different self-management techniques that included things like peer-led coaching and support, web-based help, phone apps and telehealth. . (The full list of techniques and how they have been prioritised is available as a separate document).
These were discussed and categorised according to how easy they were and how useful they would be as a technique for promoting and helping individuals to self-manage.

You told us of a number of issues that would be helpful to consider in developing these and this included:

- self-management needs to take into account giving control in life more generally, and recognising root cause of why someone finds it difficult to manage
- people need clear information so that they are not overwhelmed with the number and range of different techniques
- Information needs to be in the right format and language for individuals
- there can be too much jargon (i.e people do not know what telehealth, telecare, motivational interviewing means).

You told us that the techniques that would have the highest impact and would be relatively easy to implement included:

- Reminders
- Peer support group
- Telehelath
- Telecare

You told us that the techniques that would have the highest impact and would be relatively difficult to implement included:

- Pain management
- Shared decision-making with clinicians
- Social prescribing
- Condition-specific educational programmes.

How we have used this information

- We are working with Healthwatch and Know Your Own Health to pilot a short term programme of peer led coaching and support
- We have invested in a telehealth service for GP practices to use and are now working to start implementation
- We will be piloting web based approaches to self-management and support over the next 6 months.

We will also be using all the feedback from the events to inform how we might pilot different self-management initiatives over the next 6-12 months. We are also looking at how to skill up GPs and Practice nurses around motivational interviewing and health coaching.

Transforming local dementia services – what's important to you?

A brief presentation was given to describe dementia and dementia care. Dementia describes a set of symptoms that may include memory loss and difficulties with thinking, problem-solving or language which is severe enough to affect daily living. Some 850,000 people in the UK are living with dementia. It mainly affects people over the age of 65 and the likelihood of developing dementia increases significantly with age. However, it can affect younger people: there are more than 40,000 people in the UK under 65 with dementia.

Plans for a new model of dementia care are being designed to make it easier for people to navigate the system, as well as integrating services in a way that promotes dementia as a long-term condition and supports the whole journey, for the persona with dementia and their family Carer. The model offers specialist care within a multi-agency team, bringing together universal and specialist services and promotes a network of high quality services and interventions. The approach will enable people with dementia and their families to plan for their future care decisions early-on in their journey.

The groups then considered two questions:

- What kind of services and support do you think that people need to help them and their family carer to live well with dementia?
- Given that family carers are the most important resource available for people with dementia, what do you think would make the biggest difference to support them in their caring role?

More detailed notes from these discussions are available to download.

What you told us – key themes

Services and support
Social inclusion and de-stigmatising: attendees highlighted the public fears surrounding dementia and how people and their families can feel isolated – this can feel worse in some rural communities where services can be harder to access.
Specialist knowledge: it is important for people to have access to someone with specialist knowledge who is able to talk with them and their carers about dementia and the help and support available. This could include providing self-management and coping strategies for families and younger people.
Information and advice: people need to know how to access services so signposting is important.
Partnership work with third sector organisations: professionals and specialists need to be aware of and working alongside professionals from other sectors and voluntary organisations in order to provide holistic person-centred care. This included consideration for psycho-social needs, housing, and carer support as well as community involvement.
Early diagnosis: this was identified as important and any services that support this would improve people's experience; currently people reported that they can be sent away from an initial assessment with uncertain diagnosis and unsure of where to get support.
Community based support and guidance: most services should be easily accessible in the community so that people can feel involved in their care planning and so that professionals working in the community can become more skilled at identifying people early.

How best to support family carers
Networks and community support systems: encourage the development of further dementia action alliances (such as Bexhill) being formed across East Sussex, integrating people with dementia, carers, families, friends with businesses and the community.
Information and advice: people need information about services provided by the NHS, social care and the voluntary sector and this should be easily signposted and readily available.
Involvement and Inclusion: Carers want to be involved in the care planning and kept informed in a clear manner. It was highlighted that the carer may have additional inclusion needs such as language barriers and communication barriers which will need to be supported in order to provide an inclusive and accessible service.
Coordination: a single point of access or a key worker who can guide people through the health and social care system was highlighted as a key feature. This should be someone who is compassionate and understanding of the stigma and fears that is associated with dementia.
Partnership working: integrated health and social care teams that involve the voluntary sector would help offer a rounded and inclusive care plan and help streamline communication between professional teams in order to provide person-centred care.

How we have used this information

The feedback from the Shaping our Future Event will be used in the planning and development stage of the Dementia Transformation Programme. This will ensure that key features of the feedback, such as care coordination, family support and personalised services, are at the heart of the emerging model of care. Further opportunities for contributing to the new model of care, will be promoted in early 2015.

Your feedback about the event and suggestions for future events

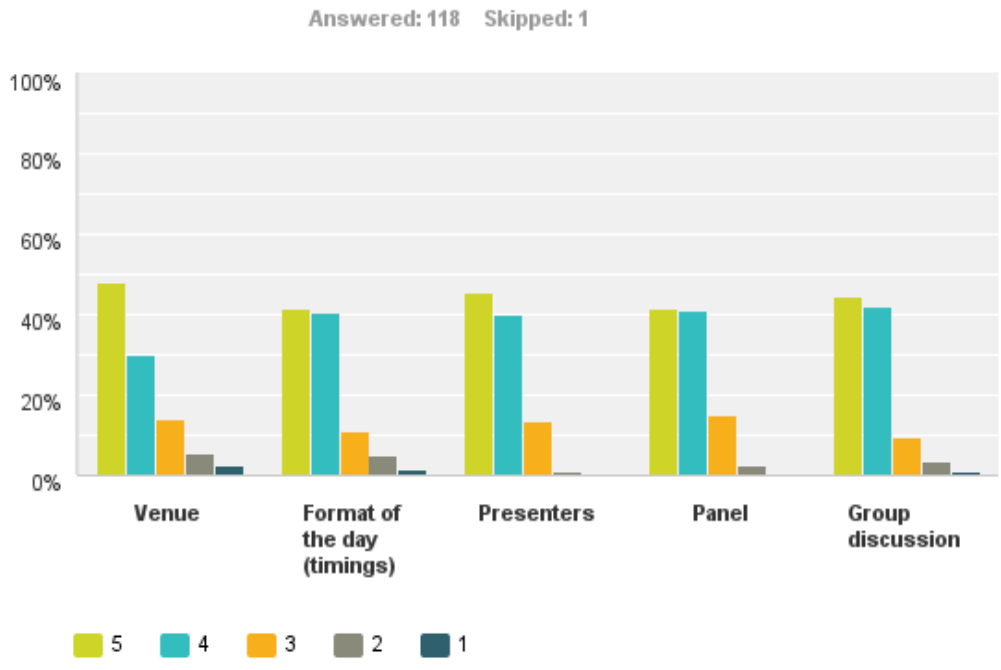
The feedback from the events was very positive and there is always room for improvement.

Many of the participants particularly enjoyed the table work sessions and found the presentations informative.

The suggestion for improving the Shaping Health and care Services events in the future was to extend the time for table discussions and questions to the panel.

We will take note of your suggestions when planning the next events.

Please score the following elements on a scale of 1 to 5.
5= Excellent 1=Poor



Next steps

As always at these events, all of the conversations that took place were recorded by a member of staff. These have been grouped into the common themes that are shown in this report. This information has been shared within the CCGs and County Council so that the lead managers responsible for commissioning the services relating to the priority areas discussed have all of the ideas and information you shared.

The learning is directly informing the development of our plans as part of the East Sussex Better Together programe.

For example, we are planning to launch new streamlined points of access for health and social care services for adults in April 2015. This will be for adults with physical health needs, long term conditions, and those who are vulnerable or frail. The integrated access point will provide simple and timely access to the appropriate health and social care services. A review into the access points for mental health and children's services will begin in the New Year.

The Community Health and Social Care teams are also being developed through co-design with the public, patients, carers, staff and other stakeholders. The teams will bring together adult health and social care professionals to support people with long-term conditions, older people and those who are frail or vulnerable.

Future events

We will be holding a fifth Shaping Health and Care Services event in spring 2015 where people will have the opportunity to be updated on our progress and to inform more discussions about how the CCG makes decisions about what services are commissioned and how resources are spent.

Get in touch and find out more

In the meantime, if you wish to remain informed about the work of the CCGs and East Sussex County Council, be kept aware of opportunities to be involved in specific projects or have something that you want us to know, please contact us:

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