# East Sussex Better Together: Shaping Services for the Future

Feedback Report

Shaping Health and Social Care Services Events

November 2015

We would like to thank all those who came and participated with such interest and energy.

For a hard copy version of this report or the presentations from the events please call 01273 403677 and speak to our Engagement Support Officer.

Contents

You said, we did:

You value the role of the voluntary sector, non-clinical support, and would like to see greater access to tailored, personal support appropriate for the clinical and recovery needs of users

We have launched a new independent living service, STEPS. The service advises people on how to cope with practical tasks such as keeping well, keeping warm, reducing energy bills, keeping homes safe and getting online. We are expanding our award winning social prescribing service offering non clinical support to patients with mental health challenges.

You said you want more information about the support available for users, carers, GPs, and other health and social care professionals

We have launched an innovative free website and smartphone 'app' – Health Help Now - which advises users of the best place to go for help at any time of the day or night and includes a symptom checker.

You said you would like us to communicate information about new models of "accountable care" via professionals, service users and the voluntary sector

We have created a range of information about new models of care including videos, an animation, and a presentation. We have held conversations about primary care with local GPs and nurses and have plans to continue the conversation with service users, the voluntary sector and staff.

You would like to see integrated services to include key workers, a single point of access and quicker treatment times between services

We have launched Integrated Locality Teams. These teams include different professionals such as doctors, nurses, therapists, psychologists, social workers and others who work together to provide care and support to meet individual needs.

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NHS Eastbourne, Hailsham and Seaford Clinical Commissioning Group

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Introduction

Eastbourne, Hailsham and Seaford CCG (EHS CCG) and Hastings and Rother CCG (HR CCG) have been holding twice-yearly Shaping Health workshops with local people since their formation in April 2013.

In 2014, we launched *East Sussex Better Together* (ESBT) with East Sussex County Council (ESCC). ESBT epitomises a whole new way of working and is the transformation programme that brings together our health and social care commissioning organisations: EHS CCG, HR CCG and ESCC with the shared goal of improving services and health outcomes for the population we serve. You can read more about the programme at the [East Sussex Better Together website.](#)

Your views are central to how we build a local system that promotes and enables good physical and mental health; helps people to help themselves stay well; offers excellent treatment when they do require health or care services; and supports people and communities to thrive.

One Shaping Health and Social Care Services event was hosted in each CCG area. As well as focusing on the achievements and challenges for that area, the two events followed a common format and shared the *East Sussex Better Together* theme.

Hastings and Rother CCG, Hastings, Tuesday 17 November 2015

Eastbourne Hailsham and Seaford CCG, Eastbourne, Thursday 19 November 2015

The events were promoted through the ESBT, CCG and ESCC websites, email, social media channels, patient participation groups, voluntary organisations, community groups and strategic partners. More than 180 local people participated in the events, together with CCG governing body members, CCG staff and health and social care staff.
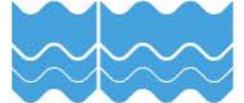
Shaping Health and Social Care Services events form part of our continuing approach to listen to patients, clients and the public voice and we use this to help inform local health and social care services. The autumn 2015 events were a way for local people to:

- Hear about how the CCGs and the county council have acted on the learning from the previous events in spring 2015.

- Hear how implementation of ESBT is beginning to take effect.

- Shape and develop key work and raise issues in local areas.

- Ask questions and raise issues directly to CCG governing body members and senior social care professionals.

What we covered

The events included three key sections that focused on:

1. A presentation providing an update on ESBT, including progress since our last events.

2. A perspective from a person with a lived experience of mental health, followed by group work considering the impact of mental health everyone's well-being.

3. A presentation outlining outcome-based commissioning and "accountable care", followed by group work considering how we can break down organisational barriers to improve services.

1. ESBT update and progress since our spring 2015 events

In response to your feedback we developed a short video summarising ESBT. Key points from this video are:

- People's life expectancy is improving. This means that demands on health and social care services are increasing, which is particularly relevant to East Sussex.

- Many people need both health and social care services – at the moment these are not as well coordinated as they could be.

- Huge financial pressures and rising demand for services means we must make changes to ensure we continue to provide safe, high quality and affordable services in the future. We are committed to working in partnership with you to develop solutions to do this.

We used this video to introduce the sessions and provide the background against which to update progress on implementation of the ESBT programme since the spring 2015 Shaping Health and Social Care Services events.

Following the last events, we used your valuable feedback to inform the development of services in four key areas that are summarised below:

- Developing integrated health and care (locality) teams

- Improving local urgent care services

- Growing healthy communities

- Reducing health inequalities.

Integrated Locality Teams

In response to your feedback we have:

- Continued to roll out our single point of access for health and social care services – Health and Social Care Connect
- Engaged with the voluntary sector to develop peer support options
- Established a Community Resilience working group and a community sector liaison group to further develop ties with the voluntary sector

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Improving urgent care
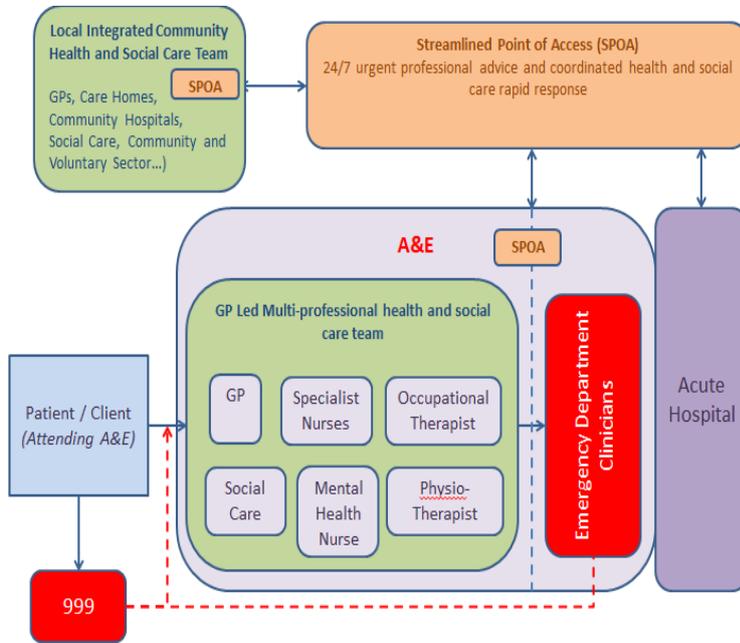
In response to your feedback we have:

- Launched an app – Health Help Now - to help people access appropriate local health services according to their symptoms and needs
- Committed to 24/7 access and introduced weekend and out-of-hours GP opening for urgent care, initially in Hastings
- Improved information and record sharing so that:
  - Ambulance staff can now access crisis care plans
  - Clinicians can now access patients' summary care records

Growing Healthy Communities

In response to your feedback we have:

- Brought all our Community Resilience works together
- Used your feedback on signposting to community services to inform development of our Integrated Locality Teams
- Agreed to recruit link workers to provide a bridge between integrated locality teams and the voluntary and community sector

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Reducing Health Inequalities
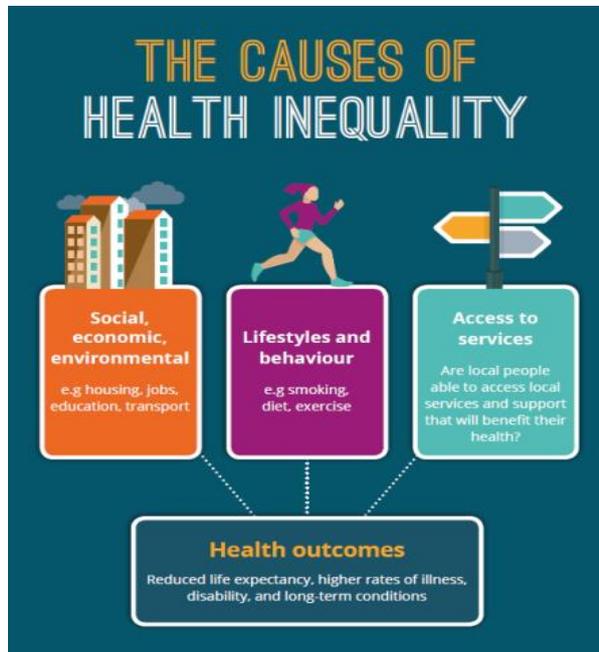
In response to your feedback we have:
- Launched a jargon buster on the ESBT website
- Developed and implemented new projects to improve health outcomes for the most disadvantaged individuals and population groups such as extending smoking cessation services
- Worked closely with the voluntary and community sector through our small grants scheme, and worked to better understand local people's lifestyle and barriers to accessing services

We are now:

- Developing referral pathways for lifestyle services

- Changing how primary care is arranged so that GPs can urgently visit patients in the community, helping them to stay at home

- Introducing frailty Nurses as part of the Integrated Community Teams

- Undertaking widespread public and stakeholder engagement to inform how we help people to manage their own care

- Helping GPs to develop Advanced Care Plans with people in care homes
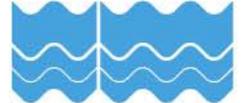
Your questions answered

Following the introductory presentation, there was an opportunity for delegates to ask questions. A summary of the responses to these questions is provided below:

At the Hastings and Rother CCG event:

- It was confirmed that the CCG's health inequalities programme Healthy Hastings and Rother encompasses the whole Hastings and Rother CCG area.

- It was acknowledged that difficult decisions have to be made about how East Sussex County Council uses its budget, faced with budget reductions from central government, and that some of these decisions impact on local services. This makes it even more important to work closely across the health and social care system to ensure we can get the best value from the resources we have available.

- In response to the increasing need for dementia services, we are putting in place a range of innovative services including: building support around the whole person and their family; intervening as soon as possible once it has been identified that a person has experienced memory loss; and strengthening the relationship between community based services (through the Community Resilience programme).

- It was acknowledged that on-line support such as apps and the internet are not for everyone, but that they will increasingly be important ways that people access information about their health and social care. We will let people know about changes using a variety of methods including on-line and traditional methods (such as posters in libraries and GP surgeries). We will seek advice about how best to make information available to local people.

- In response to concerns raised about keeping people safe in their own homes, it was recognised that the number of recorded falls had increased, and that this was as a result of changes to how the data is collected. We continue to seek further innovative ways to keep people safe in their own homes through our falls work.

At the Eastbourne, Hailsham and Seaford CCG event:

- It was acknowledged that the CCG will consider the suggestion to not use the term 'dementia nurse' or 'frailty nurse' when people are notified that they have been allocated to such services.
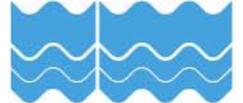
- It was confirmed there will be engagement with community and voluntary sector groups to discuss new ways of working, as local networks are vital for the delivery of services.

- It was acknowledged that East Sussex County Council needed to make difficult decisions about which services would have funding reduced or withdrawn in order to deliver the necessary savings. The importance of the local voluntary sector is seen as important in providing services to people who are cared for in their own home, including supporting people recently discharged from hospital.

- It was confirmed that 'Community Resilience' is an ESBT work stream with the aim of bringing together local organisations to discuss and grow what is available in communities.

# The impact of mental health on everyone's well-being

In setting a context for the interactive sessions focusing on mental health, participants heard that:

- One in six people experience anxiety or depression

- One in three people with a long-term physical health condition also suffer from a mental health problem

- There is a 10-15 year life gap between people who have a severe mental health problem and those that don't.

After this outline, delegates at each event heard from someone about their lived experience of mental health services; the impact of this on their life and that of their friends and family, including what had worked well for them and what had not.

Here are the key points shared by the speakers:

- They had lost everything, including family, way in life and liberty; they were admitted to the hospital in Eastbourne

- Someone who worked at the hospital was the person who believed in them and encouraged them to engage with support

- Receiving Cognitive Behavioural Therapy (CBT) was beneficial, helping them to feel they could start again

- Completing the peer foundation course felt like the start to recovery. It felt encouraging to be with people who had the same lived experience of mental health

- They have grown in confidence and have been attending local and national events with Peers In Partnership to help raise awareness

- It's really important to give everyone who uses services a chance, it's important to believe in them and make sure they have opportunity to access a range of support
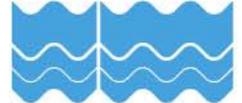
- They said, "I feel honoured to have the opportunity to be a voice for those who are unable to themselves."

Following this there were table-led discussions on the key areas of focus for the events. These were:

- Social isolation, meaningful activity and mental health

- Long term conditions and mental health.

Each table identified themes and key points from their discussions which were collated and analysed. This report records an overview of what was discussed, and a summary of what we learned from the events.

The impact of social isolation on mental health

Background and Context

Meaningful activity helps people to achieve the dual aims of social recovery and social inclusion, empowering people to self-manage and to stay well. Activities can include employment, volunteering, education and learning, personal interests, hobbies, and everyday activities. Participating in meaningful activities can help people maintain a sense of purpose and can help people feel engaged and stimulated.

Summary of case study

Sarah, who is 30 years old has had a hectic lifestyle most of her adult life. Her mother died 18 months ago which caused Sarah's mood to go lower than she had ever experienced before. Sarah's GP referred to her to mental health services where she received a diagnosis of Bipolar Effective Disorder (BED). Sarah began to drink heavily and isolated herself from her good circle of friends saying that she felt alone and just couldn't see a future for herself without her mother.

Sarah says that she feels numb when she takes her medication and doesn't feel she has the ability to deal with things.

Sarah's Community Psychiatric Nurse says that they still need to ensure that the right levels of medication are achieved to stabilise Sarah but there is poor engagement at the moment.

Sarah's GP says that Sarah clearly had a mental health issue but had her very personal way of managing it and that the death of her Mother knocked her self-confidence and ability to self-manage.

The impact of long term conditions on mental health

Background and context

Many people with long-term physical health conditions also have mental health problems which can lead to significantly poorer health outcomes and reduced quality of life. These dual, linked, problems are described as being a 'co-morbid' condition. People with long-term conditions and co-morbid mental health problems often live in deprived areas where they have access to far fewer resources of all kinds. This results in high levels of inequality for people who live with co-morbidities and deprivation.

Summary of case study

John is 55 years old and lives with his wife (Alice) and two teenage children. He has had a diagnosis of Chronic Obstructive Pulmonary Disease (COPD) for five years. John used to smoke 30 a day, but now smokes less, and worked as a builder with a good social life. He recently lost his job due to his erratic attendance at work and poor physical health which put a strain on the household. Recently, John has become isolated, staying in bed most of the day, he has stopped seeing his friends and also neglecting his own personal appearance.

John says that he feels very low and doesn't feel he can cope with the day, and that he is letting his family down by not being the breadwinner any more.

Alice says that it is worrying seeing John, who used to be the centre of attention with his friends, so low and no longer going out; and that she is beginning to struggle with looking after John both emotionally and physically and that she doesn't want to worry John by telling him the household is beginning to build up debt.

John's GP says that John really must follow advice to stop smoking and gradually build in some careful exercise or physical activities into his lifestyle.

Considering each case study, participants were asked:

- What do you think could help the person in their current situation?

- What could have made their experience better?

- In three years' time, how might this story be different for them or someone in a similar position? What would make the difference and what could the solutions be?

What you said:

- You would like to see community support and voluntary organisations playing a stronger role in supporting this type of case both in supporting formal mental health services and in offering opportunities for meaningful daily activity such as volunteering.

- You would like to see support that is (better) co-ordinated, integrated, flexible and on-going so that help is more readily available. Co-ordination should include professionals and community and voluntary organisations.

- You would like to see easily accessible support that is holistic and tailored to the individual. This should be flexible, informal and proactive; allowing family, carers, friends and peers to be involved.

- You would like to see a more empowering proactive approach that makes the most of existing networks. This would allow family, friends, peers, employers and informal networks to be involved. They would strengthen the formal services provided by mental health services, supporting earlier recognition of the situation and prevent crisis. There may be opportunities for technology to provide support in this area.

- You would like to see more information and sharing of intelligence to raise awareness about mental health issues and the support that is available. This would enable early recognition, prevention and a more proactive approach, including signposting to appropriate support. This information sharing is relevant for local people, community organisations and professionals alike, increasing local knowledge about available support whilst reducing stigma.

- You would like to see monitoring of services that measures improvement in outcomes.

How we have used this information

We have used the information you provided at the Shaping Health and Social Care Services events in the following ways:

- The sessions highlighted the value of the voluntary sector, non-clinical mental health support that is available in East Sussex. We have commissioned non-clinical services from the voluntary sector that support people with mental health challenges, for
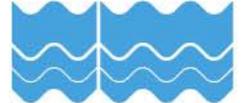
example our award winning social prescribing service that offers non-clinical support (such as benefits advice) to patients with mental health challenges. We are expanding these services as part of the ESBT programme.

- A common theme was the lack of knowledge of the support available, not just for service users but for carers, GPs and other multi-disciplinary clinical staff. We have launched our innovative free 'app' Healthhelpnow which advises users of the best place to go for help any time of the day or night. This can be found at: http://www.healthhelpnow-nhs.net/ We have also put in place the Health and Social Care Connect Service, providing an information point for adult community health and social care services initially for professionals but available to the public by July 2016.

- We are making peer support available across all mental health services, strengthening self-management using Wellness Recovery Action Planning (WRAP) and the mental health recovery model.

- We have developed support for people who experience mental health crisis by ensuring our voluntary services and community support work with clinical services share information, and develop referral processes that enable people to access support quickly when required.

- We will continue to develop our approaches to mental health support with our partners in the voluntary sector; ensuring people have access to tailored, personal support appropriate for their clinical and recovery needs.
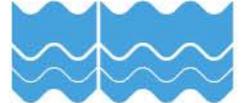
Outcome Based Commissioning – what should accountable care look like in East Sussex?

To provide an overview and context for the group-led work participants were presented with information about:

- How we need to look at the way NHS and social care is organised and commissioned with a view to improving health outcomes, improving patient experience and reducing costs.

- Some examples of how new "accountable care" models were being introduced around the world that incentivised improving health outcomes for a population.

- What we understand accountable care to mean.

Background and Context

Accountable care is a way of thinking differently about how we plan and allocate resources (commission) for health and social care services, moving away from thinking about what services are to be delivered, at what price and at what time, to looking at the difference services are expected to make overall (the outcomes) for the local population.

Participants were asked to consider the following in their table groups:

- Having heard about the accountable care model approach today, do you understand what it means? What would help you to understand this better?

- What would be different for local people under an accountable care model?

- What are the most important things that we need to think about when moving towards an accountable care approach?

- Having had an opportunity to talk about accountable care models, what ideas do you have for how we can best communicate this with local people?

What you said:

We could help you understand accountable care better by:

- Using case studies and real stories in clear language to describe it, including the economic benefits.

- Visually describing what the future will look like and the outcomes that will be realised.

- Describing what will be different in practice including the pros and cons of different options.

- Creating an East Sussex definition of accountable care.

You said that accountable care would make a difference for local people in the following ways:

- Services would be client-centred and holistic with empowered patients holding their own records.

- Service users would have a clear understanding of their care pathway.

- Local people would be in better health; the longer term contracts would allow an increased focus on prevention.

- Services would be integrated including key workers, a single point of access and quicker treatment times between services.

- Workforce recruitment and retention would be improved.

- Health inequalities would be reduced.

- There would be a sense of shared ownership of local services by both service users and the workforce, with greater involvement of local people in running services; a better incentivised workforce and service users; and a clearer understanding of local services, costs and outcomes.

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You said that the most important things we need to think about when moving towards an accountable care model approach are:

- How we achieve integration ensuring that we include mental health services.

- How we ensure the workforce is focused around the service-user not the organisation.

- How we ensure that the model supports improved recruitment and retention of the health and social care workforce.

- How we ensure participation from the whole system from the role of the voluntary sector and primary care to connections with specialist services.

- How we ensure that there is equitable access to services for local people.

- How we can find ways to manage the current differences between health and social care funding.

- How we ensure an approach to care that provides continuity of support.

- How we share information about services, between services and with individuals about their own care. We will need to consider issues of confidentiality and opportunities that technology offers including patient-held records.

Your ideas for how we could best communicate accountable care models with local people included:

- Communicating the benefits that accountable care will bring, using personal stories and examples of what it will mean for local people and what the outcomes will be.

- Using digital media including apps, social media and videos.

- Using traditional communication routes including GP surgeries, newsletters and the media.

- Communicating via professionals, service users and the voluntary sector.

- Ensuring all communication uses simple language.

How we have used this information

We have used the information you provided at the Shaping Health and Social Care events in the following ways:

Listening to your views about how accountable care would make a difference and what are the most important things to think about, we have incorporated your insights into how we are thinking and talking about accountable care. For example, the importance of focussing services around users rather than organisations; shifting the balance away from illness and towards health; and ensuring people are clear about the services available to them and how they can access them.

We have developed a range of videos that are available on YouTube via our ESBT website describing accountable care, the opportunity it provides us; the challenge that is ahead of us and the dream of what services could look like in the future under an accountable care model.

We have held conversations with local GPs and nursing staff to hear their views and have plans to expand those conversations to a wider range of health and social care staff.

Our plans for involving people in the accountable care conversation use a variety of methods, including face to face conversations, digital methods, presentations, videos, newsletters and briefings. Our audiences are wide ranging, including community and voluntary groups, local media, existing staff and our provider organisations.
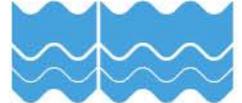
Your feedback about the events

Did people enjoy the events?
- There was strong and consistent feedback about the value and impact of the section delivered by the service users who shared their personal experiences of mental health services.

- The feedback received was overwhelmingly positive – of the 56 completed forms returned, 49 scored the events either '4' or '5' (the top scores).

- The themes explored at the events were popular with participants, the facilitators received particular praise.

What did people not like, or what didn't work?
- Many people felt the discussion time was not long enough – this was particularly true of the session on breaking down barriers in the health and social care session.

What were the suggestions?
- Participants felt that the new concept being introduced (accountable care) needed more time for discussion.

- We should try to introduce real life experiences wherever possible – case studies for areas being discussed or actual service user input are good ways for people to relate to the topic areas.

Would they come again?
- Everyone completing an evaluation form said they would attend a similar event in future.

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 social care 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* programme.

Future opportunities to get involved

Subscribe to our mailing list to receive news briefings: you can do this at our website: https://news.eastsussex.gov.uk/east-sussex-better-together/subscribe/

Attend an event – We will post all planned events on our website, and will email everyone who signs up for our briefings. In addition, we will always contact community groups and key contacts to spread the word and promote events in the usual ways.

Public reference forum: We have launched a public reference forum to increase ways for you to have a say and inform the development of local services under *East Sussex Better Together.* The forum is managed by East Sussex Community Voice (ESCV), which also provides Healthwatch East Sussex. This arrangement builds on work that is already underway to increase understanding about East Sussex Better Together, make sure people's experiences inform our thinking, and enable local people, clinicians and professionals to work together to co-design health and social care services. ESCV has recruited a member of staff to lead the forum and its activities. For more information, contact Frances on prforum@escv.org.uk