East Sussex Better Together:
Shaping Services for the Future

Feedback Report

Shaping Health and Care Events

October 2016

Thank you for coming and participating

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 and Communications Support Officer.

***NHS** Hastings and Rother Clinical Commissioning Group*
***NHS** Eastbourne, Hailsham and Seaford Clinical Commissioning Group*
*Sussex Partnership **NHS** Foundation Trust*
*East Sussex Healthcare **NHS** Trust*
East Sussex County Council

Contents

You said, we did:

You said we should involve more local people as we continue to design our Accountable Care Outcomes Framework

We have listened to you and others to collate key outcome themes that we are testing through our ESBT Advisory Group, focus groups and surveys

You told us that we should use uniform approaches to measure the success of new ways of working in an Accountable Care Organisation

We are planning to agree some important shared outcomes and regularly publish our performance against these so local people can understand how good services are

You said a wide range of clinicians should be trained in how best to share decisions about care with patients

We are working with our Postgraduate Medical Education Departments to embed shared decision making in undergraduate and post-graduate training; and also holding training for local hospital clinicians

You said that promoting TECS and providing information about it will be really important to its success

We are developing a communications plan including information to help people feel more confident to use TECS and working with partners to share this information widely

1. Introduction

Since the formation of Eastbourne, Hailsham and Seaford CCG (EHS CCG) and Hastings and Rother CCG (HR CCG) in April 2013, we have been holding twice-yearly Shaping Health and Care workshops with local people; and from spring 2015, these have been held in partnership with the local authority, reflecting our East Sussex Better Together programme and our increasingly integrated approach. 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.

In October 2016, we held one Shaping Health and Care event in each CCG area, offering the opportunity to hear about local achievements and challenges in that area to inform how we plan and put in place services and support as part of East Sussex Better Together.

Hastings and Rother CCG
Hastings
Wednesday 5 October 2016

Eastbourne, Hailsham and Seaford CCG
Eastbourne
Wednesday 12 October 2016

East Sussex Better Together

East Sussex Better Together (ESBT) is our 150-week programme to transform health and social care services. It's about making sure we use our combined £850 million annual budget to achieve the best possible services for local people.

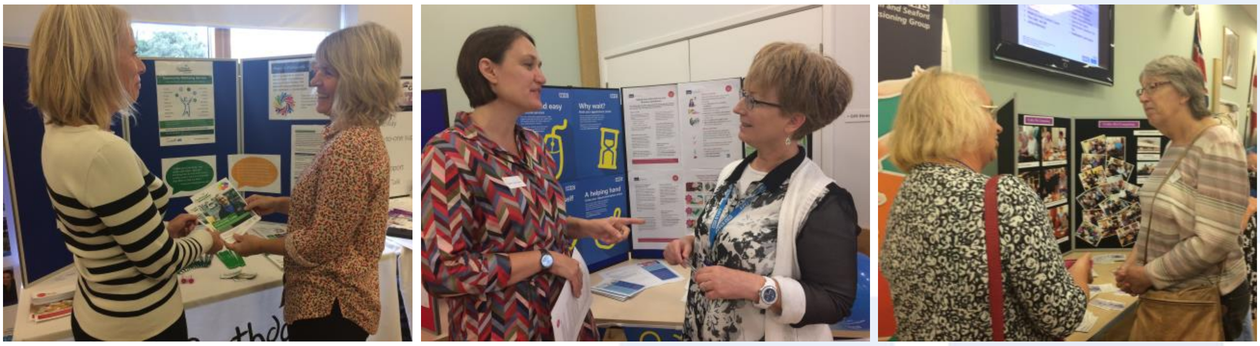
The programme started in August 2014 and is led by two local NHS clinical commissioning groups, East Sussex County Council, East Sussex Healthcare NHS Trust and Sussex Partnership NHS Foundation Trust. You can read more about the programme at the East Sussex Better Together website.

Who came to the events and how did they take part?

Shaping Health and Care events are one of the ways that we listen to local people, using what we hear to inform how local health and care services are designed. We engage with local people to influence local health and care services in a range of ways. If you would like to find out more about how to stay involved please go to section 6 of this report.

We promoted these events through our websites, email, social media channels, patient participation groups, voluntary organisations, community groups and strategic partners. There were around 100 delegates who participated at each event. These included local people, together with CCG governing body members and local health and social care staff. The autumn events were a way for local people to:

- Find out about how the CCGs and County Council had acted on the learning from the previous events in spring 2016
- Hear an update on the ESBT story so far and our future plans
- Offer suggestions to inform how we design services and support in key areas
- Ask questions and raise issues directly to CCG Governing Body members and senior health and social care professionals
- Find out about local services and support that is available at our marketplace stand



2. What we talked about

We asked people for their experiences, opinions and suggestions about…

At this, our eighth event, we presented information about the new model of Accountable Care, describing how health and care services might look in the future. We then talked together about how to design services and support to meet local needs. The three areas of focus were:

- What outcomes should our new health and care model be designed to achieve.
- How can we best share decision making about our healthcare.
- What factors help or hinder our use of technology to support our independence.

This report is a summary of what we learned from the autumn 2016 Shaping Health and Care events. It describes each topic area that was discussed including the key themes from the discussion and the answers to the questions that you asked.

A personal story

At each event we heard a personal story about local experience of health and care. In Hastings and Rother we heard a positive experience of a social prescribing service and how that had made a significant difference during a period of illness and the subsequent recovery time. Social prescribing is a way of linking patients with non-medical sources of support within the community such as services provided by the voluntary sector.

In Eastbourne, Hailsham and Seaford our Chief Nurse shared an experience of a local person with dementia and the impact that poorly connected hosptial and social care services had on her experience and the experience of her family. These stories provided a person-centred focus at the beginning of the event, setting the scence for the conversations that followed.

Session 1: East Sussex Health and Care

Delegates were given an update about ESBT, our key achievements so far and the opportunities that lie ahead. We gave a further update on our progress in moving to a new model of Accountable Care. We told you that we had been holding discussions to develop an Outcomes Framework for Accountable Care, and this would also form part of the conversation at these Shaping Health and Care events. We are committed to the principle that local people will be involved in the design of this framework.

What we mean by Accountable Care?

Our move to an accountable care approach is intended to bring together all health and care organisations and professionals within the ESBT area to offer safe, sustainable, high quality physical and mental health services for adults and children.

‘Accountable care’ encourages collaboration between professionals and providers, through aligned payment mechanisms, to break down organisational barriers and work more effectively together to improve health and wellbeing outcomes for populations. International examples of accountable care have been able to show improved patient outcomes as well as an improvement in the patients experience alongside a better use of resources.

An additional aim is to empower and enable people to manage their own health and care whenever that’s possible. This means ensuring people know how to access services that help them, as individuals or as part of a family or wider community, to improve their own health and wellbeing, while also being able to access appropriate care and treatment from professionals when they need it, in the best place and at the right time.

Designing the outcomes together

We explained that our discussions about an outcomes framework so far had generated four themes for Accountable Care outcomes: population health; patient, client and carer experience; quality care and services; and transformed services. We shared definitions and outcomes for each of these four themes, offering you the opportunity to ask us questions about our thinking so far and share your views. Answers to these, and other issues raised, are shown in section 4 below.

Each table of delegates was provided with information about the new model of Accountable Care, and some early thinking about a possible outcomes framework that could help us all measure the success of the new arrangements. Key points included: information about what we mean by a new model of Accountable Care; a discussion of what outcomes we would hope for from this model; and suggestions on how local people can be involved in further developing this outcomes framework.

We asked you to consider three questions

- What needs to be different about the way we measure success?
- How will we know if our new model of Accountable Care is working?
- Which outcomes are most important to measure?

The responses below reflect the issues that seemed most important to people.

What you said

How should we measure success?

You would like to see more involvement in the new health and care model from those who use these services

You suggested that, to measure success, we consider the whole experience of those using services, rather than just a snapshot at a particular stage of the process

You said that more emphasis should be placed on people's experiences (qualitative aspects of services), as well as quantifiable features such as numbers of operations

You told us that uniform approaches should be used across services to measure success

How will we know if the new model is working?

You thought that people using services would see fewer different professionals. This would reduce the need for them to repeat information, and enable easier access to the right service

You suggested that care would be less disjointed. Staff, clinicians and professionals across health and care would be involved and work more closely together to understand their responsibilities

You suggested that an integrated service would be quicker to access and people would experience fewer hold-ups and delays

You thought that longer contracts would enable more use of preventative approaches and services

You thought that the need to go to or use hospital would be reduced

Which outcomes are most important to measure?

Some of you told us that different outcomes were seen as equally important and interconnected

You suggested that we listen and talk to people who use services, using clear language to work with and empower them, so they feel confident to talk about concerns and treatment preferences

You said that services should not be duplicated as this causes people who use them to repeat their story; clear communication between different parts of the service can prevent this

You told us that early intervention which is prompt and gives people what they need is important to you

You said that feeling clinically safe is important to you

How we have used this information

We have used the information you provided during this session in the following way:

- Your feedback from the group discussions about Accountable Care and Outcomes, in particular the question about what is most important to people, has contributed to a review of what matters to local people. We've also included in this review feedback from other sources including our local 'Listening to You' social care survey and the ESBT Public Reference Forum. The key themes from this feedback will be tested further through the ESBT Advisory Group, additional focus groups and using surveys.

- This will help us to generate ten or so shared outcomes that can be recognised and owned by local people, staff and stakeholders. We intend to focus on a small number of priority outcomes and publish our performance against these, so that everyone from the general public to commissioners can compare and contrast the quality of care and support provided.

Session 2: Sharing decisions about our health care

Delegates were provided with information about shared decision making (SDM), and asked for their views on its implementation locally.

Background

SDM is the process by which a patient and a health professional jointly make choices about treatment. The patient's relatives and care team members may also be involved. The process may make use of Patient Decision Aids (PDAs); these help the patient understand the clinical evidence and identify their preferences.

We are considering SDM for several reasons;

- SDM improves a person's knowledge of their condition and the treatment options available as well as giving them a more accurate understanding of the possible risks of that treatment.
- It increases participation, helping people feel more comfortable with decisions about their care.
- One in four primary care patients do not feel their GP was good at involving them.
- SDM can improve the quality and efficiency of services – for example, people who have taken part in this approach are more likely to stick with a treatment plan they have jointly developed and agreed.

We asked you

- If you feel you are an equal partner in decisions made with your GP about your healthcare – and if not, the reasons why not
- If you would find PDAs useful
- What conditions you would like to see more information on when visiting your GP or attending an outpatient appointment

What you said

How can you be an equal partner in decisions about your care?

You thought that appointment times with clinicians, at ten minutes length, do not allow enough time for discussion

You suggested that an equal partnership is dependent on an individual practitioner’s skills and knowledge to a certain extent. There is a balance to be found between people’s desire to be treated as adults, whilst also wanting professional advice.

You highlighted that locums should be involved in this to ensure that all clinicians are able to participate in SDM; and also told us that, at present, GPs are more approachable than consultants

You said that we should be aware that people experiencing anxiety or depression may not feel like developing an equal partnership; at these times the ability to process information can be reduced

How useful are the Patient Decision Aids (PDAs)?

You said that PDAs should be available online, so they can be looked at ahead of a health appointment

You told us that the information should be kept simple and not lengthy

You suggested that the type of language used in the PDAs should reflect the way that a patient would describe symptoms and treatment options, rather than how health professionals would describe these; this will resonate more with people

You thought that PDAs may disempower some people, as they could be used as a way to be dismissive of their concerns

You said that the usefulness of PDAs would be increased if they encouraged people to think clearly about what they need to tell a GP, which might, in turn, help inform a decision

Which conditions would you like more information about?

You thought it would be helpful to provide more information on the following:

Longstanding illnesses/health conditions: cancer; diabetes; stroke; heart problems; osteoporosis; sepsis; epilepsy; gastroenteritis; irritable bowel syndrome; sciatica.

Physical impairments: knee and hip problems; orthopaedic issues.

Other conditions and illnesses: common cold; flu; urinary infections; skin conditions; sleeping problems; bites and allergies; hormone replacement therapy; loneliness; high blood pressure; tonsillitis (including quinsy).

How we have used this information

We have used the information you provided during this session in the following way:

- Using a PDA means that you can have access to more information both before and after a clinical appointment, allowing more time for making a decision about care than is sometimes available in a traditional ten minute consultation.
- Following your feedback about the SDM tools, the development of this initiative will now be taken forward through clinical and primary health care education pathways.
- We are working with our Postgraduate Medical Education Departments to embed shared decision making in undergraduate and post-graduate training; and also holding training for local hospital clinicians.
- There are nationally available PDAs that patients can access to help them plan their conversation prior to their clinical appointment. These can be found at http://optiongrid.org/
- We are introducing information into the GP online clinical decision support system (referred to as DXS) about Shared Decision Making, providing links to the option grids available nationally.
- You suggested a range of areas where you would value additional information to support you in sharing decisions about your care. At the time of writing the report there are 43 decision aids available at http://optiongrid.org/, and a further 23 currently in development covering a wide range of areas that you suggested.

Session 3: Using advanced technology to support Independence

Delegates watched a short presentation and were given details about Technology Enabled Care Services (TECS). They were then asked to consider what might help or hinder the use of this technology to support independence.

Background

TECS aims to support people to use technology at home, to maintain their independence and empower them to manage their care in a way that is right for them. Used as part of a wider support package, such proactive monitoring can better indicate emerging risks and help prevent emergencies.

Currently, within ESBT areas, just over 4,000 people use Telecare services (such as community alarms). We want to build on this making use of the more advanced technology becoming available, including regular phone call checks, falls detectors, blood pressure monitors, and GPS locators which can help find vulnerable people who have wandered. By 2021, the aim is for TECS services to support around 14,000 people locally.

We asked you

Because we know that local and national evidence highlights two concerns about the use of this technology: it is complicated, and could fail to work; and it could increase people's social isolation, we asked you two questions:

- Are there other barriers that might hinder more local people adopting TECS?
- How can we best support people to more confidently choose to use TECS?

What you said

What other barriers to adopting TECS should we be aware of?

You highlighted that the technology may move on making the equipment out of date quickly

You said that poor digital connectivity could affect how well TECS could be used

You suggested that some people may feel that using TECS would feel like admitting to weakness and ageing, and giving up independence

You told us that some people may feel that it invades their privacy, like a ‘Big Brother’ effect

You thought that it could cost too much

You told us that people could be concerned about using or breaking the equipment, or about it going wrong

How can we best support people to confidently choose TECS

You suggested that it would be good to hold demonstrations in pharmacies, GP surgeries and other relevant locations, showing how the equipment works

You suggested that it would be useful if a range of organisations (e.g. district nurses; Fire and Rescue; the voluntary sector) provided information, advice and recommendations about TECS

You thought that people would need educating about the benefits. People would also need follow-up advice and support if needed

You suggested that talking about TECS as a way of retaining independence, could help people to overcome their concerns about TECS

You suggested that we could promote TECS via TV and radio, so that it just seems part of everyday life

How we have used this information

In response to the comments you made about support and barriers to using TECS, to clarify our current approach to TECS, we are providing you with the following information:

- Because technology is constantly changing, we will update equipment as required
- Because digital connectivity can vary, we work through landline telephones or SIM cards to provide Telecare

- Because your privacy is important, our Telecare provider works within the Telecare Standard Authority’s requirements to ensure that data is held securely and used to manage risks and emergencies
- Telecare can help people feel safer, more confident, and more independent about living at home
- There are very few cases where equipment breaks down. Telecare users can rely on a 24 hour response to emergency equipment break-down, and benefit from an annual check on equipment. Most devices alert the call-monitoring-centre if there is a disruption in service, for example, if the device has been accidentally switched off.

We have used the information you provided during this session in the following way:

- We are writing a plan describing how we will promote TECS, this will provide information to local people incorporating your feedback. We have included a range of organisations, including the voluntary sector, in this plan to ensure that we reach people who might benefit from a TECS solution.

- We are considering making an advertisement that connects people to more information about TECS, directing them to the Telecare provider or a website that can help people understand what devices might help them to live at home more independently.

- We have included financial support for those who cannot afford some or their entire TECS support package, in our plans. It is important to note that support is highly subsidised, and that people paying privately pay a significantly higher amount.

- We have built in support to use the devices at the point of installation, and this is always followed up with a two week call check, to ensure the person is confident using the device.

3. Marketplace

To improve our mutual understanding of local organisations, new initiatives and services, we have introduced a regular marketplace to our events. This provides organisations and staff with the chance to promote their work, canvas support and network with other organisations, whilst also providing useful information to local people about local health and care services and support that is available.

Marketplace stands included:

- Age UK East Sussex
- Southdown Housing
- Care for the Carers
- East Sussex Community Voice
- Health and Social Care Connect
- Quit 51
- Coffee Pot Computing
- Healthy Hastings and Rother
- Isabel Blackman Day Centre Service
- Macmillan
- Welfare Benefits Project
- East Sussex Health Trainer Service
- Horizons Community Learning
- Patient Online
- Local Pharmaceutical Committee
- Alcoholics Anonymous East Sussex
- Home Start
- Urgent care - what matters to you?
- Making Every Contact Count

4. Your questions answered

Throughout both events there were opportunities for delegates to ask questions. At the Hastings and Rother event[1] many of you did so by using the online question tool. Some questions were answered in person by speakers; others were responded to online. Key topics to emerge are shown here, along with further details of our answers to your questions.

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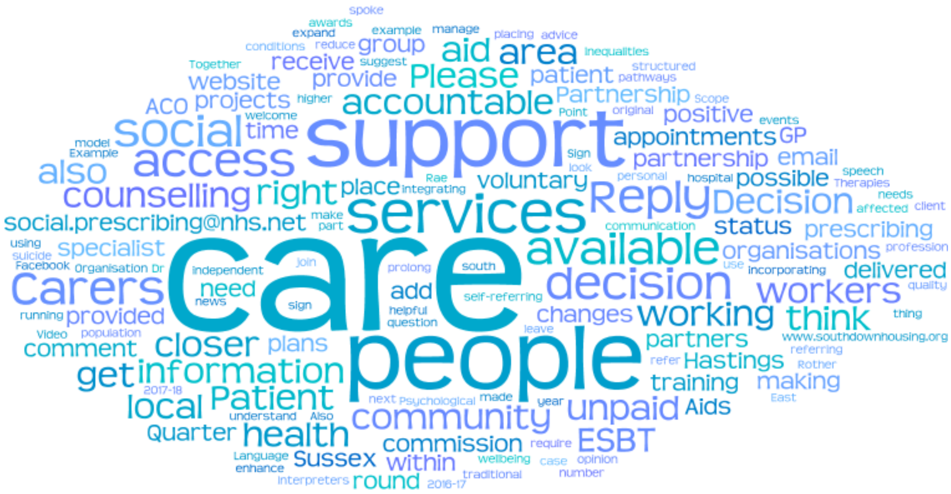
[1] At our EHS event, there were difficulties with the digital connection that meant we were unable to use the online question tool

Hastings and Rother



Eastbourne, Hailsham and Seaford

At the Hastings and Rother event we replied to your questions as follows:

- You can find out about the range of changes that we have already implemented as part of ESBT from the website here: ESBT website
- We are committed to fully integrating health and social care. During 2017/18 the ESBT partners will be working even closer together to determine the model of accountable care that is right for our population. We will need to explore different options for how the ‘core’ Accountable Care Organisation (ACO) will be

structured. At the moment, we think that some outcomes will delivered by organisations such as GPs, independent care homes and agencies and voluntary organisations in partnership with the ACO.

- We aim to launch round three of our small grants funding for the Healthy Hastings and Rother programme during January-March 2017, with awards being made between April-June 2017. The scope of these has been considered with statutory and voluntary sector partners.

- You can find out more information about social prescribing via the Southdown website: Southdown Housing website which includes details of our GP and client testimonials and referral pathways. You can also email social.prescribing@nhs.net to find out more or to let us know about other social prescribing schemes that are available. You can also join the Hastings Community Wellbeing Service Facebook page and add events and information to this group.

- As part of the national programme: Improving Access to Psychological Therapies (IAPT), we commission a range of therapies that are provided by Sussex Partnership Foundation NHS Trust and Turning Point in partnership. You can access these services (which include services such as group counselling and training in personal resilience) by self-referring or via your GP. You can find out more or self-refer here: http://www.healthinmind.org.uk/. We are working to expand these services so that more people can access them, incorporating an element of employment support. We also commission more specialist counselling support. For example: bereavement support for people affected by suicide which is provided by The Counselling Partnership.

- We are putting in place plans to reduce the number of people who are cared for outside of the local area (for more specialist services local can refer to the south east). We are developing plans for how we can improve support within the community; and provide care closer to the person's original place of residence, so that people can receive the right support at the right time closer to home.

- It is possible to comment on the nationally available Patient Decision Aids available at http://optiongrid.org/. You can leave a comment; suggest an area where you think it would be helpful to develop another decision aid; and sign up to receive news about developments in Patient Decision Aids.

At the Eastbourne, Hailsham and Seaford event we replied to your questions as follows:

- ESBT is our local contribution to the Sussex and East Surrey Sustainability and Transformation Plan (STP), and similar approaches are being taken across the rest of the STP footprint.
- One of our aims is to improve health and wellbeing as part of ESBT through leisure schemes and we continue to strengthen this. We are ensuring a focus on this work, through our Integrated Locality Teams who form the building blocks for this work.
- We are aware that there are lots of resources and support groups across ESBT, but they are not always available across the whole area. Our Integrated Locality Teams continue to work across their localities to understand all available resources and how they will connect with the Community Link Workers.

5. Your feedback about the events

At the events, we invited you to tell us which elements of the day you enjoyed, which you did not like, and which you would like to see at future events. We also asked whether you would come to a similar event in future.

Did you enjoy the events?

- You provided positive feedback on the events as a whole, from over 60 evaluations returned across both events, you scored the event on average of 4.1 out of a maximum 5
- There was good feedback about the value of the events; you particularly enjoyed the marketplace stands, and the mix of specialisms across public and voluntary sectors

What didn’t you like, or what didn't work?

- At both events, people felt that more time could have been set aside for the group discussions

What were your suggestions?

- Send out topic information beforehand, so that people can consider it ahead of the event and think about what questions to ask

- Provide more details at events on specific improvements implemented following suggestions made at previous events

Would you come again?

- Over 60 people completed an evaluation form with 59 of you saying you would attend a similar event in future.

6. Next steps

As with previous events, your views were important and helpful. All conversations were noted by a member of staff, and have been grouped into the common themes shown in this report. This information has been shared within the CCGs and social care so that the lead managers responsible for commissioning services can consider your ideas as they design services. The learning is directly informing the development of our plans as part of the *East Sussex Better Together* programme.

7. How to stay 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/get-involved/

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

Public Reference Forum: The PRF aims to increase understanding about East Sussex Better Together; makes sure people's experiences inform our thinking; and enables local people, clinicians and professionals to work together to co-design health and social care services. The forum is managed by East Sussex Community Voice (ESCV). For more information, contact Frances on prforum@escv.org.uk