



Simpler, Better, Together

Preparing for the future

Phase 1: Case for Change & Vision

Final report and findings of public engagement on
how we can deliver health and social care services in
Castle Point and Rochford

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1. Introduction

This is a report into the findings of an eight-week public engagement exercise on how health and social care services can be best provided in Castle Point and Rochford in the years to come.

Public engagement was sought at the strategic development phase of the Clinical Commissioning Group's (CCG) five year transformation programme - 'Simpler, Better, Together' – which aims to deliver a more integrated model of health and social care working alongside Essex County Council and other health and social care partners.

This report summarises the first phase of engagement which aimed to:

- Engage with local residents to create a mutual understanding of the need for change
- Outline the vision for development of new integrated models of care
- Gather new feedback and build on existing insight from patients, stakeholders and the public about their use of health and care services and how they feel they could improve
- Compile a register of 'interested parties' wishing to be involved at a more regular/detailed level

The CCG's integration transformation programme is now aligned to the mid and south Essex Success Regime, one of three launched across the country in areas with the most financially challenged health economies. The Success Regime aims to look at whole system solutions for health and social care - rather than just concentrating on individual organisations - to make services sustainable, affordable and to improve quality.

NHS Castle Point and Rochford CCG is committed to hearing the views of local people to help inform decision-making. In line with best practice on engaging local people in decisions about change, the CCG has sought to involve the public at the earliest phase of its transformation programme. Involving people at an early stage, and continued involvement through the engagement cycle, demonstrates the CCG's commitment to working collaboratively with both the public and partner organisations.

The CCG commissioned Enable East, an Essex-based NHS organisation delivering projects across the NHS and social care, to help deliver aspects of this engagement exercise. This report pulls together the feedback to the survey, from roadshows and other events organised by the CCG as part of this exercise. It also summarises previous feedback from engagement discussions held by the CCG as preparatory work.

This public engagement provided both qualitative and quantitative feedback from people who had considered views about local health and social care services. Personal views of what really matters to local people were encouraged. So were examples of how the health and social care system can work well and where it can be frustrating, time-consuming or repetitious. We gathered some useful insight and extraordinary views. We would like to thank everyone who took the time to have their say at the roadshows and via the survey, including those who took the time to be filmed. We truly value your opinions and this engagement exercise is richer and more significant with your views.

This report has been submitted to NHS Castle Point and Rochford CCG for consideration as it moves forward with its challenging agenda to transform the way health and social care is delivered.

2. Executive Summary



2,625
Number of engagement
booklets distributed



109
Responses to the
engagement survey



140
Number of people spoken
to at roadshow events



80%
Percentage of
respondees who wanted
to be kept informed



30
Number of people interested in being a patient champion
for their area. 3 people gave no contact details; of the
other 27:

- ✓ 8 from Canvey
- ✓ 4 from Rochford
- ✓ 4 from Rayleigh
- ✓ 11 from Benfleet/Hadleigh/Thundersley

88%

Percentage of respondents who think people should take
more responsibility for their own health and wellbeing



*'More education around what you can deal with yourself rather
than seeing your GP' - 65-74 year-old Canvey woman*



67%
Percentage of respondents who think the way health and
care services are delivered locally needs to change

*'Make it easier to talk to someone' - 25-44 year-old
Canvey man*

At the time of publication, we were still awaiting some responses. Details of anyone interested in receiving e-newsletters, being involved in future meetings or being a patient champion will be added to the CCG's engagement database.

Key themes

What are your three biggest frustrations at how things work at the moment?

1. Access to GP appointments
2. Lack of communication between services: duplication, repetition, delays in care
3. Hospital issues - fragmented services, communication problems and waiting times

'Too many different areas duplicating work and each not knowing what is going on with the patient' - 45-64 year-old man, Rochford

How can we make things simpler?

- Quicker appointment times at GP surgery and at hospitals
- Improved communication between services
- Less fragmentation of care and less overlap
- Drop-in allocation of services at GPs or community spaces
- One point of contact for all my needs
- More hospital services locally, reducing the need to travel
- More online access and capability

'Have a single point to make ALL appointments and have a group specifically to help with all enquiries re: signposting or giving advice' - 45-54 year-old Canvey man

What could be made available to allow people to take more responsibility for their health and wellbeing?

- Free gym passes/ reduced rate membership of leisure centres
- Advice and education
- Exercise groups for older people

'Something to look forward to, to put my best dress on, make my hair nice... if one is busy, even one or two days a week...one is far less inclined to be lonely or depressed. Then everyone will be happy, healthy & live longer' - over 80-year-old Rayleigh woman

What aspects of the current systems work well?

NHS

- A&E
- Staff seem to care
- Skills of doctors and consultants

Social care

- Social workers are good
- Availability of care for those who cannot afford private care

Would you travel for specialist treatment or investigations?



43%

Yes, any distance



30%

Yes, but not more than 20 miles



26%

No, I wouldn't want to travel further than my local hospital

Consulting on a strategic vision is always a difficult task. It is human nature to respond to a consultation proposing something that might affect you personally, such as cuts in services. To engage people in a debate about strategy - a 'vision' of what might be - is much harder. True engagement can be labour-intensive but fruitful if conducted well. It takes targeted effort and proactive campaigning - taking the issue to the people rather than expecting them to come to you.

Many people do not want to engage, either because they are busy with their everyday lives or believe that nothing will truly change as a result of their views. This is the challenge facing the NHS and local authorities. The public sector needs to demonstrate that people's views do matter and they need to show that they have listened.

*"We are keen to ensure that every part of our health and care system is shaped by those who use local services."
- NHS Castle Point and Rochford CCG*

The CCG was keen to demonstrate its commitment to engaging with local people on new models of care right from the start of their strategic development process.

Engagement materials

Getting the messages right and delivering those messages in the right way was going to be crucial to success in this engagement exercise.

An engagement booklet and survey was devised by Enable East with enough information for people to understand what better integrated health and care services could mean without being too prescriptive. It was important people understood the need for change but had the freedom to express their own views. Enable East also devised a postcard which asked people to complete and return if they wanted to be involved in future meetings and events or just informed on progress. The booklet and postcards were well received and distributed widely at events, meetings and to a wide number of stakeholders.



Engagement tactics

Understanding the challenge it would face to engage everyone who uses NHS and social care services, the CCG commissioned Enable East to run a number of roadshow events in the major urban areas of Castle Point and Rochford.

To support the engagement process, Enable East also took out a video camera and iPad to capture people's views on film. Many people were hesitant about appearing on camera and felt more comfortable completing a survey. We want to say a huge thank you, however, to those who did agree to be filmed. The film accompanies this final report and will be available on the CCG website. The CCG, meanwhile, helped to garner opinion at meetings and distributed the engagement booklet widely.

Engagement tactics included:

- Wide distribution of the engagement booklet and survey, in hard copy and via email signposting people to the survey available online and details of roadshow events
- An email address where people without access to the online survey could make their views known or ask questions
- Roadshow events
- Video filming opportunities
- Attendance at meetings, including church, advocacy and carer groups
- Advertising – quarter-page newspaper advertising in the Echo and Yellow Advertiser
- Essex County Council's Later Life e-newsletter, distributed to 1,500 over-50s across Essex
- Essex County Council's Health and Wellbeing newsletter, distributed to 69,000 residents
- Press release and subsequent newspaper articles, both in the papers, online and via Facebook
- Websites, including NHS Castle Point and Rochford CCG, Dr Khan and Partners GP surgery
- Social media campaign, including Twitter

A complete list of meetings attended and details of how the engagement booklet was distributed can be found at Appendix 1 and 2. Whilst every avenue was explored to publicise the engagement exercise and events, it is impossible to ensure blanket coverage, even with technologies such as social media. The CCG and Enable East did everything within reasonable expectations and costs.

Conclusions



Castle Point and Rochford
Clinical Commissioning Group

This was a robust and qualitative engagement exercise.

The CCG now has solid foundations with which to further develop a firm engagement strategy as it moves ahead with its Simpler, Better, Together programme.

Numerically, the numbers in this engagement exercise are in line with recent consultations held by the CCG on issues much more contentious.

The success of this engagement exercise, building on preparatory work by the CCG in preceding years, is in the qualitative feedback.

We have also managed to further develop a robust database of people interested in future discussions or events about shaping health and social care locally – and not just those who usually respond to NHS engagement. To have new people involved will give the CCG an exciting opportunity to gain new viewpoints as they move forward with their plans.

The CCG has made a bold start in engaging people in making the case for change and engaging in a vision for the future of health and social care. This engagement work is just the beginning.

We hope the CCG takes this report on board and uses views expressed to shape services for the future. We also hope the CCG continues to engage and communicate with people throughout the life of this exciting transformation programme.

3. Survey feedback

The engagement document and survey were a useful way of getting people's views, especially people at roadshow events who didn't want or have the time to stand and talk. We transferred all hand-completed survey results onto the online survey tool for ease of analysis.

The survey asked a series of questions. We devised the survey so it had both 'open' and 'closed' questions to allow for easy analysis and free text options for people to express their views.

Two thirds of those who responded to the survey agreed that the way health and social care is delivered in their community needs to change – 67%. A quarter said they didn't know, whilst only 8% disagreed. There was an even greater number who believed people should take more responsibility for their own health and wellbeing – 88%.

It is encouraging that the majority of those who responded recognised that the health and social care system is under significant strain and that something needs to change. This gives the CCG a clear mandate to move ahead with its transformation programme and start on the next phase of development of how services might be better arranged in future.

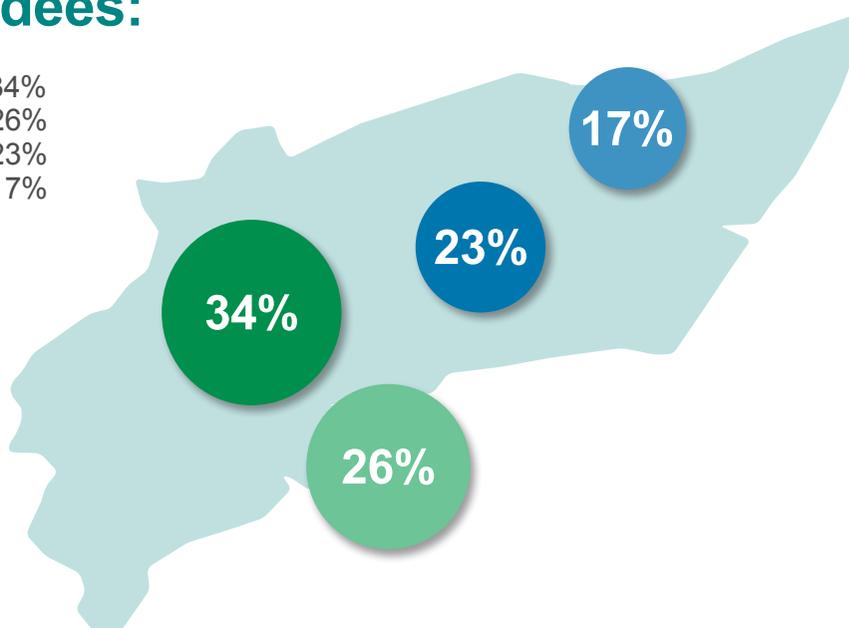
The main data and themes emerging from those who completed the survey can be summarised as follows:



Location of respondees:

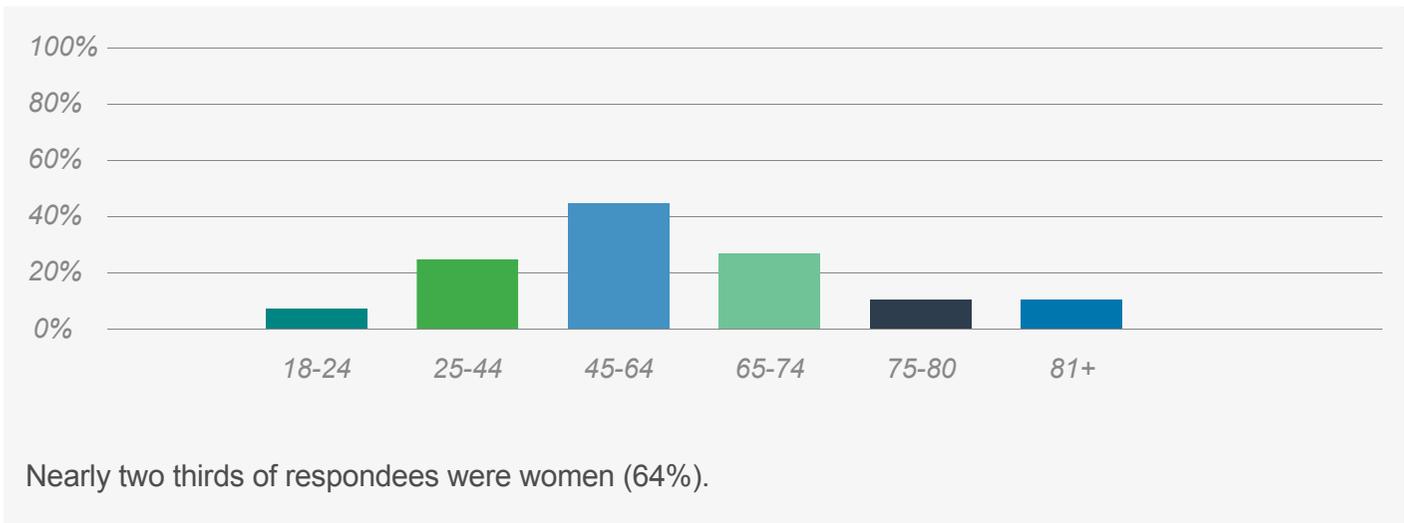
- Benfleet/Hadleigh/Thundersley 34%
- Canvey 26%
- Rayleigh 23%
- Rochford 17%

There was a good mix of responses from people across the Castle Point and Rochford area. More than a third of those who responded were from the Benfleet, Hadleigh and Thundersley area.

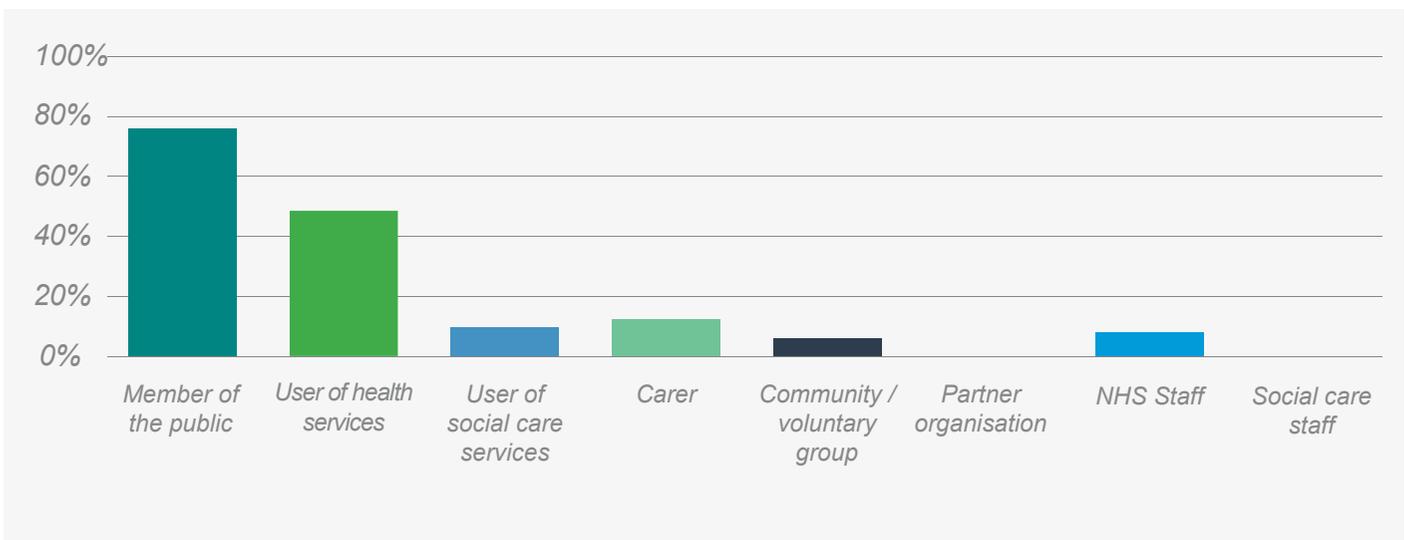


Age breakdown

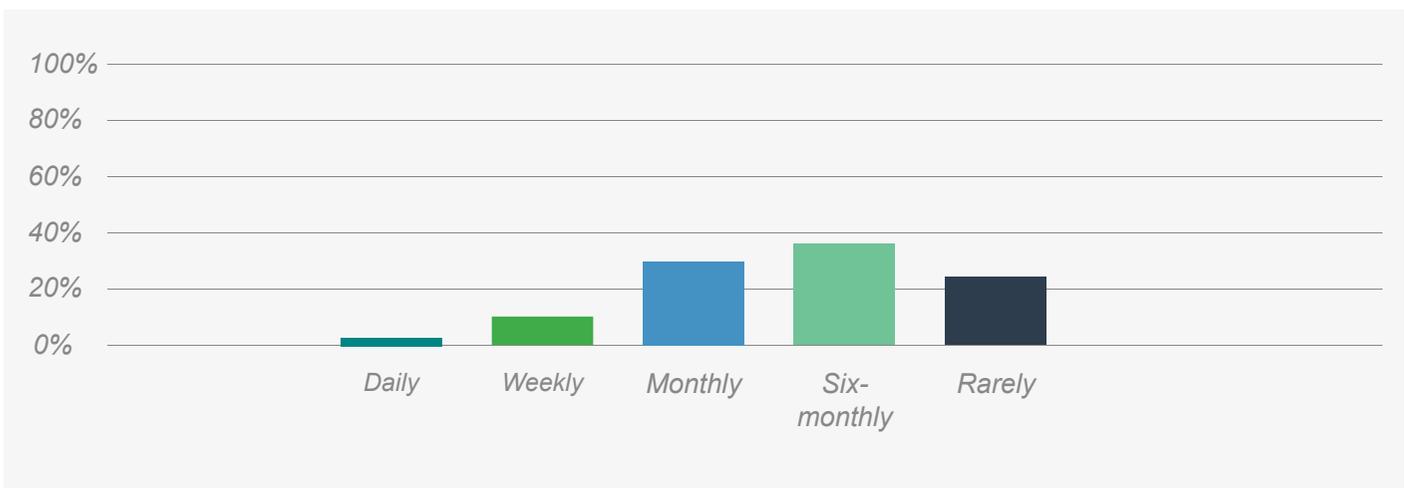
Q: Age



Q: In which capacity are you replying?



Q: How often do you access health or social care services?



Q: What could be made available to allow people to take more responsibility for their health and wellbeing?

There were 87 responses to this question. Diet, fitness and education were mentioned by many people who completed the survey. Schemes for free gym passes, reduced rate memberships and exercise groups for older people were popular themes.

One over 81 year-old woman from Rayleigh wrote about the need for greater social inclusion for older people. She spoke about how important it was to *'put my best dress on, make my hair nice... if one is busy, even one or two days a week, going out & meeting people, one is far less inclined to be lonely or depressed.'*

'Keep fit and [look after] their diet'

45-64 year-old Canvey woman

'More co-ordination with sports & leisure groups i.e dance classes, weight watchers etc..'

45-64 year-old Rochford woman

'Education is important - responsibility and accountability'

45-64 year-old Benfleet man

Q: How can we make things simpler?

There were 88 responses, the main themes being:

- Quicker appointment times at GP surgery and at hospital
- Improved communication between services
- Less fragmentation of care and less overlap
- Drop-in allocation of services at GPs or community spaces
- One point of contact for all my needs
- Quicker referrals/easier access to specialists
- More hospital services locally so don't have to travel
- Rehabilitation 'cottage' hospital away from the large hospitals
- More online access and capability

'One point of contact instead of what seems 5 separate areas'

45-64 year-old Rochford man

'More online and mobile app-based services'

Anonymous

'Communication links between services - so that things flow and reduce unnecessary delays'

75-80 year-old Rayleigh woman

'Combine hospital and social care'

81+ year old Benfleet woman

'More local services, not having to travel to hospitals in other areas'

45-64 year-old Canvey woman

Q: What are your three biggest frustrations at how things work at the moment?

There were 104 responses, one of the most popular open questions answered on the survey. The themes emerging were quite stark with the same issues cropping up:

1. Access to GP appointments
2. Lack of communication between services
3. Hospital issues - fragmented services, communication problems and waiting times

'Not being made to feel a burden because of age' - over 80-year-old Hadleigh woman

Q: What aspects of the current systems work well?

There were 84 responses. In the NHS:

- A&E
- Staff seem to care
- Skills of doctors and consultants

Those who responded to the survey were quite clear that they found NHS staff kind and polite but often rushed and over-worked with not enough time. One 65-74 year-old Rochford man stated: 'Good treatment once you get into the system'.

'Staff work hard & are polite' - 25-44 year-old woman, Canvey

In social care:

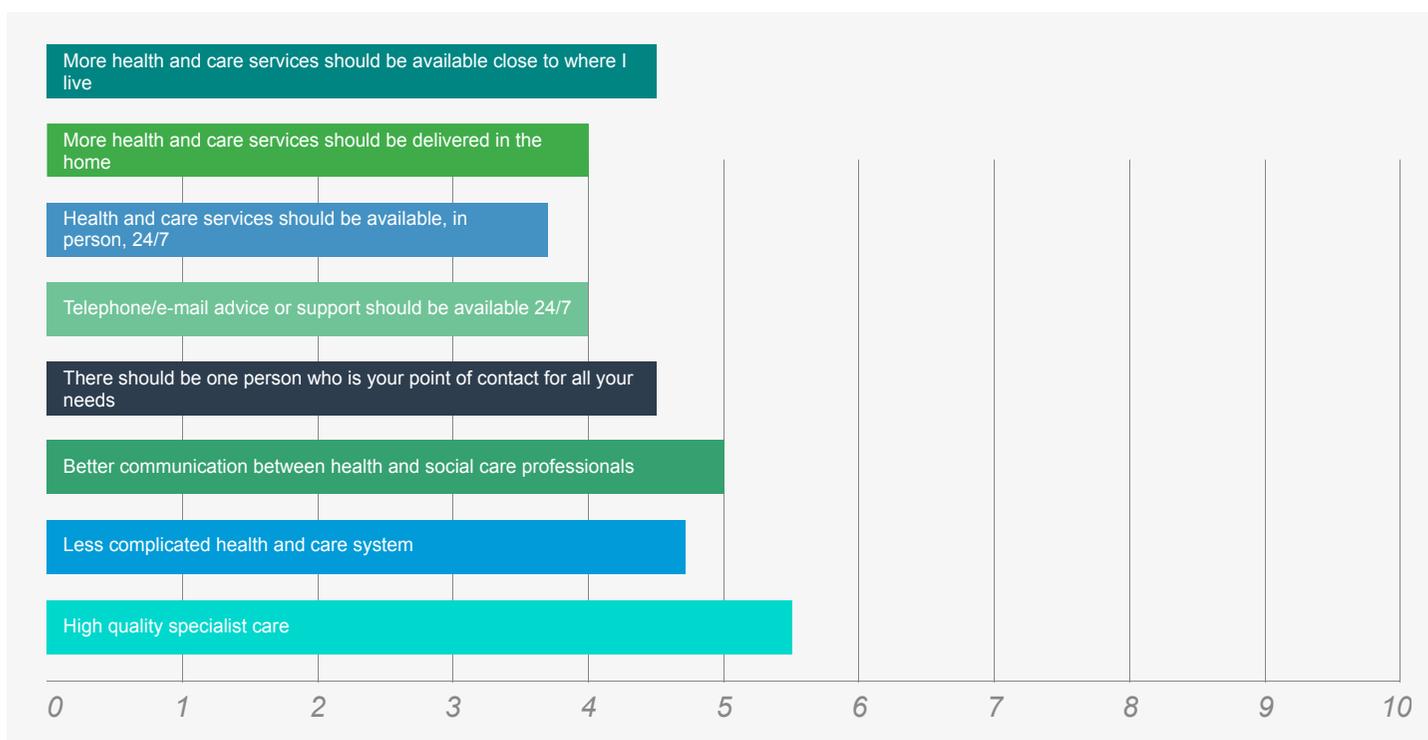
- Social workers are good
- Availability of care for those who cannot afford private care

Not as many people said they had experience of social care (63 responses). Of those that did have experience, responses ranged from good to stating they thought social care was inadequate.

*'Bad homes and time given to care is not long enough' - 65-74 year-old man
Benfleet/Hadleigh/Thundersley*

'A good social worker makes a great difference' - 65-74 year old Benfleet woman

Q: What is most important to you?



When asked to rank in order of 1-8 what was most important to them, all eight areas scored similarly.

'High quality specialist care' and 'Better communication between health and social care professionals' came out as slightly more important amongst the 98 respondees to the question.

Q: Would you travel for specialist treatment or investigations?



43%

Yes, any distance



30%

Yes, but not more than 20 miles



26%

No, I wouldn't want to travel further than my local hospital

This was the most popular open question on the survey, answered by 107 people. It is interesting to note that more than a quarter said they wouldn't want to travel further than their local hospital for specialist treatment or investigation, even if they knew travelling further would give them the best possible advice and care.

4. Feedback from roadshow events



Rachel Jennings, from the Enable East team, engaging with the public at Rochford market

The Enable East team had an exhaustive list of proposed public locations to canvas local public opinion about health and social care. Getting approval to set up a stall at a number of sites proved harder than expected, with many store owners reluctant to allow us access.

We were successful in booking stalls at:

- Rochford market place - 9th February
- Asda, Rayleigh - 10th February
- Waterside Farm Leisure Centre and Knightswick Shopping Centre, Canvey - 11th February
- Aldi, Benfleet - 12th February

Reaction from the public

Members of the public were, on the whole, happy to take a leaflet away with them. Waterside Farm proved the most successful location for people completing the survey there and then, possibly because they were not quite so busy shopping.

Sometimes people were reluctant to participate, saying they were 'Happy with everything'

In a minority of cases people questioned the validity of their input, believing decision were made regardless of public opinion.

People were not particularly keen to be filmed, but seemed happier for their views to be captured on an iPad rather than a video camera.

Responses from the public



Castle Point and Rochford
Clinical Commissioning Group

Of all the roadshow events, people we spoke to in Rochford and on Canvey were, on the whole, very positive about their GP surgeries and often remarked how good they were. Many people talked about how they were swiftly seen by their GP, but if they were referred on for treatment there was often a significant wait to be seen. Many people attributed this to government cuts impacting on services.

Many people who spoke to us at the leisure centre on Canvey had initially joined the centre through a special scheme that the CCG had run offering a reduced price/free membership for a period of time. Many people remarked how positive it had been and how they had continued their membership as a result of this.

A few people talked about a lack of communication between health and social care and gave examples of situations that had led to frustration due to a lack of joined up services. Some people we met mentioned their irritation about having to *'repeat their story time and time again'* as there didn't seem to be joined up communication between departments/services.

On the whole, people were often very happy about the idea of more community-based services and were able to give examples of how that was already working well in their area, such as blood tests.

We spoke to several carers at roadshows and at a group session. One person talked of the distances carers have to travel often daily e.g. a woman who spoke about her husband in a London hospital and the need to travel every day to visit. She said she would like to see a rehabilitation facility closer to home as her husband had not seen his grandchildren and was feeling low and isolated. She said the travelling was also making her very tired.

Carers generally said they found it difficult where both social services and the NHS are involved, having to ring many different teams. Many said they would welcome one key worker/one number.

Key themes emerging

Themes emerging from carers, discussions included:

- Lack of information or clear, easy read information
- Duplication of assessments
- Lack of joined-up services - one man said his mother had been delayed going home as social services had not fitted bars and other home equipment despite being referred at point of admission

The main themes emerging from the roadshows were very similar in nature to those who responded to the survey:

- Good GP service, but issue with length of waiting times
- Lack of communication
- More community-based services would be welcomed if it meant people were seen quicker

Canvey felt more isolated – some people commented that a proper minor injuries unit was needed; a one-stop shop to provide X-rays etc to prevent having to travel to Southend or Basildon hospitals. Transport was raised as an issue for those that do not drive.

5. CCG preparatory work: 2013- 2015

Evaluation of local services - 2013

The CCG held events for clinicians and local people as part of an evaluation of local community service provision in 2013. This evaluation was to help map service provision and paved the way for the Simpler, Better, Together programme of integrated models of care.

Service user feedback from 38 people was received as follows:-

- Service user experience overall was positive – 62% of responders rated it very good, 27% as good
- More than 80% of those who responded would recommend the service
- Other comments/feedback included - just over 50% were positive

Concerns most frequently mentioned:

- The need for more convenient opening hours, communication, issues with GP
- Long wait for the diabetes education service

Workshops for clinicians and other professionals were also held, focussing on long term conditions, frail elderly and children's services. The essential characteristics of each were identified, along with related implications and enabling factors.

Key themes were identified, as summarised below:

Long term conditions - key themes

One key theme that emerged was education as an essential – the idea that the patient is the expert of their condition. The group focussed on the idea of communities that can manage themselves, with social networks as a healthcare system and a cheaper resource. A focus on this system would motivate patients to cope and maintain their own condition. Also discussed was the idea of a hub – a single provider to reduce boundaries and simplify access.

Other key themes:

- Education – relationship between citizen and state
- Expert patients and carers
- Core case management
- Fluid movement from home, supported by community team, to acute and back again
- Investment in carers
- Pharmacy community

Frail elderly - key themes

Significant discussions took place around defining and agreeing the cohort for this service. Once this was agreed, data could be collected to best apply the service to the community. The service group noted that better signposting was needed and better socialisation as a preventative form of care. The group also suggested better integration between services and the idea that the GP should be at the heart of the service and not simply a resource. It was recognised that social isolation and a lack of carer support impacts on the system, so provision needs to address this e.g. befriending services, carer education and care breaks.

Key themes from the group discussion on children's services included the pooling of resources and budgets, integrated services and the implementation of one plan. This plan would be locally focussed, concentrating on the voice of the family with the use of children's centres as family centres aligned with GPs as a 3rd sector. Again, education featured heavily with this service.

Other key themes:

- Information sharing - are we protecting the family/child or ourselves?
- How will we know it has worked? How will we monitor?
- Integrated commissioning, inclusive of local authority. Identify leaders as champions for one plan agenda
- A multi-disciplinary team approach - family centres and primary care aligned

Commissioning intentions workshops 2015

In December 2015, local commissioning intentions workshop events were held, mainly attended by clinicians.

These focused on the following:

- Mental health
- Ambulatory care
- Diabetes
- Ophthalmology
- Musculoskeletal
- Respiratory care
- Stroke
- Frailty
- Effective partnerships

Outcomes from these events were summarised and some common key themes were evident. The following outcomes were common to more than one service:

- Target and invest in prevention
- Education
- Collaboration and communication
- Develop evidence-based systems
- Community provision, including inter-professional teams
- Involvement of housing in care planning
- Education and self-management
- Clear, realisable and time-lined objectives
- End of life care
- Carer support and education

Conclusion

Feedback gained in these two ways showed strikingly similar messages. Although the community events were held in 2013, the messages received, especially around communication, ease of access for referral and multidisciplinary working and planning, were similar to those received during the commissioning intentions workshops in December 2015.

Appendix 1 - Distribution list



Castle Point and Rochford
Clinical Commissioning Group

Sent by email to:

CCG staff
GPs and Practice Managers
PPGs via Practice Managers
Commissioning Reference Group (CRG)
Southend Hospital NHS University Foundation Trust
South Essex Partnership NHS University Foundation Trust
North East London NHS Foundation Trust
Basildon and Thurrock University Hospitals NHS Foundation Trust
NHS England (Midlands and East)
CCGs in Essex
East of England Ambulance Service NHS Trust
North East London CSU
Public Health England (Midlands and East)
GP Healthcare Alliance
Healthwatch Essex
Essex Local Medical Committee
Castle Point Association of Voluntary Services

Rayleigh, Rochford & district Association for Voluntary Services
MPs (James Duddridge, Mark Francois, Rebecca Harris)
Essex County Council: Cabinet member – to forward to cabinet and councillors:
Heads of commissioning
Managers in adult social care
H&SCI programme team
Community engagement team

Pharmacies in CP&R - via NHSE
Opticians in CP&R
Dentists in CP&R
Essex Local Optical Committee
Essex Local Pharmaceutical Committee
Essex Local Dental Committee
Parish Councils

Community groups:

Age Concern Canvey
Alzheimers Society
BATIAS Independent Advocacy Service
Canvey Island Senior Citizens Association
Carers' Choices (formerly Crossroads Care Essex)
DIAL Basildon & South Essex (The Disability Helpline)
Epilepsy Action Basildon and Thurrock Branch
Essex Dementia Care
Essex Lupus Group
Family Mosaic
Harbour Club
Havens Hospices
Headway Essex
Healthy Living Solutions CIC
Rethink Recovery Point
Southend Mencap
The Peaceful Place Ltd
Hullbridge Senior Citizens Welfare Council
Rochford & Hawkwell over 55s club
Warehouse Over 50s Club
Waking Young People's community group
Disability Essex
Rochford WI
Take Heart Southend (Cardiac Support Group)
Southend Blind Welfare Organisation
Breathe Easy Canvey Island

Booklets delivered to:

Benfleet Library
The Tyrells Centre, Benfleet
Rayleigh Library
Salvation Army, Rayleigh
NHS weight management course at Mill Hall, Rayleigh
Rayleigh Parish Council
Rochford Information Centre (Rochford District Council)
Rayleigh/Rochford Citizens Advice Bureau
Silver Spoon café, Rayleigh
Rayleigh Fire station
Castle Point Citizens Advice Bureau
All GP practices in CP&R
All libraries in CP&R
Castle Point Borough Council
Rochford District Council
Parish and town councils in CP&R
WI in Benfleet
Small Gains Club Canvey

Appendix 2 - Meetings attended

Here is a list of other meetings attended as part of the engagement exercise:

Date	Meeting	Attended By
3rd March 2016	BATIAS Independent Advocacy Service	Enable East
8th March 2016	Commissioning Reference Group	Enable East and CCG
8th March 2016	Spiritual Support Group	Enable East
25th Feb 2016	Governing Body Seminar	CCG
13th Jan 2016	GP Locality Commissioning Groups	CCG
12th Jan 2016	Commissioning Reference Group	Enable East and CCG
2nd Dec 2015	CAVS Community Breakfast	CCG
2nd Dec 2015	Lunch & Learn CCG staff meeting	CCG
Nov 2015, Jan 2016	NHS Castle Point and Rochford CCG Governing Body meetings	CCG
29th July 2015	Essex Health Overview and Scrutiny Committee	CCG