Involving local people in health decisions
Notes to accompany the presentation slides

Slide 1
Welcome – by Clare Morris
We're holding this event to update you on progress against the plans for the NHS in West Essex and to work on in more detail how you can be involved.
Before we start I'd like to ask my colleagues from West Essex Clinical Commissioning Group to stand up or wave
Including Jackie Sully and Pauline Quinn – lay reps on the CCG Board.
Now hand over to Elaine Sullivan who is today's facilitator

Slide 2
The first part of the event is looking at the NHS reform and transformation programme. And the second part is looking at how the West Essex Clinical Commissioning Group is developing how it involves local communities. For both sessions there will be an introductory presentation followed by a workshop.

Slide 3
First we'll look at the changes that happening in the NHS behind the scenes. They're important because they are changing the way services are commissioned and how the NHS works with social care and other organisations.

Slide 4
Clinical Commissioning Groups are replacing Primary Care Trusts (PCTs) and will be responsible for commissioning 80% of NHS services. A key feature of clinical commissioning groups is much stronger involvement and engagement with patients to drive up service quality and using our clinical expertise to improve clinical outcomes. More about this later.
NHS Commissioning Board will be nationally accountable for the outcomes achieved by the NHS, and provide leadership for the new commissioning system, including commissioning and monitoring CCGs.
The **Health and Well Being Board** sits at Essex County Council and will be a key mechanism to push for a much greater integration of services – between the NHS and social care as well as across the NHS. For example it has identified caring for carers as a priority area and a first step is looking at how various organisations can work more closely in this area. It will provide a good level of scrutiny and challenge to CCGs.
HealthWatch will replace the role of Local Involvement Networks (LINks). Due to be established by April 2013 but Essex is a national Pathfinder. 24 members were appointed in January 2012. LINks will continue to operate in parallel.
Public Health has moved from the PCT to Essex County Council. The move brings health and local authorities much closer together. Crucially, it means the Public Health Director will be able to make sure that public health is always considered when local authorities, GP consortia and the NHS make decisions. **Public Health England** has been created as a service that gives

more power to local people over their health, whilst keeping a firm national grip on crucial population-wide issues such as flu pandemics.
Whole Essex Community Budget – Essex is taking part in a ground breaking pilot and is one of just four national sites taking part in the project. The core idea is a broad range of partners agree common outcomes and then pool resources and join up activities to achieve those outcomes. In Essex, older adult services will be a key focus for the project. Scoping work is currently underway and more details are expected later this summer.

Slide 5
Alice Hodkinson
Introduction – eg background, interests, role in CCG, what looking forward to during this event
Alice is going to give an update on the progress of the West Essex Clinical Commissioning and also background information about local commissioning priorities

Slide 6
The West Essex Clinical Commissioning Group is becoming well established. It covers Uttlesford, Harlow and Epping Forest.
It is currently operating in shadow form under a governance umbrella of the North Essex PCT cluster. We have responsibility for the delivery of performance and finance for our delegated budgets.
We are well on track to be authorised by the Department of Health later this year

Slide 7
This slide is to remind us of the wider environment we operate in
The West Essex health system faces significant challenges over the coming years to ensure that services are sustainable against a backdrop of limited resources, aging population and a continuing rise in demand and activity in acute services well above demographic trends.
The number of local people living in West Essex is expected to rise by over 12% over the next 13 years and the biggest increase in the over 85s
West Essex has some of the most affluent and some for the most deprived areas in the country – Harlow is among the most deprived with associated health problems and while Uttlesford and Epping Forest are relatively prosperous, heart disease and cancer are still leading causes of death
And the West Essex health system is also fairly complex due to our geographical position – Princess Alexandra Hospital in Harlow is our main hospital but it only accounts for 55% of our acute hospital contracts. Local patients also go to Addenbrooke's, Whipps Cross, Broomfield and Barts and other London Hospitals. And all this has to be taken into account in commissioning services.
And there are 39 GP Practices, 34 Dentists, 49 Pharmacists and 55 Opticians. Plus numerous other NHS, private and voluntary sector providers delivering care.

Health budgets are protected and West Essex NHS budget is around £430million a year. But the reality is that we have to do more with the available resources.

Slide 8
We've been talking for years about duplication and inefficiencies in the NHS. Now is the time for us to take the bull by the horns and to make changes to how services are provided by cutting inefficiency and duplication.
The saving target for the NHS West Essex in 2012/13 is about £30m. This is an increase of £5m from that envisaged a year ago due to rising costs. Over the three year period to 2012-15, the savings target need to maintain and develop services is £66m based on current predictions.
In order to deliver this we need to fundamentally change the way that services are commissioned, the way that services are delivered and the infrastructure that supports this delivery.

Slide 9
And this is where the most transformation is taking place.
The first three are the areas of greatest need and growing demand. By focussing on this area, people will see significant changes to the way services are delivered and better clinical outcomes as well as creating financially and operationally sustainable services
The last two are how we are going to make changes.
To deliver these priorities, we need to fundamentally change the way that services are commissioned, how they are delivered and change the infrastructure that support delivery. For example, across north Essex, the numbers of people working in the NHS isn't expected to dramatically change but where and how they work will – there will more services in the community and more multi-disciplinary teams with the aim of making care better co-ordinated and more effective

Slide 10
Demand for A&E services and the number of 999 calls is growing. This is not sustainable and not necessarily the best option for the patient. Presently around 25% of the calls to 999 for an ambulance and visits to A&E are for things that are 'neither serious nor immediately life threatening'.
We know the public and members of staff remain confused about which is the most appropriate service to access to meet someone's urgent care need. People are frustrated by delays in getting the services they need when they need them; by duplication between services; being passed from one service to another; and by having to repeat basic information about themselves.
Part of our work is directing people to use a pharmacist, minor injuries services or other NHS service when appropriate. For example, for many people a well stocked medicines cabinet provides the right type of urgent care rather than A&E
A new service called 111 will be introduced. It will be a free to call, easy to remember three-digit number. The 111 service will be able to assess callers' needs effectively and ensure they are directed to the right NHS service, first

time. The service has been piloted in other parts of the country like Nottingham. Patients have said it has helped get the right help sooner and better support to help patients manage their own conditions such as asthma or diabetes and provide them with streamlined access to self help information, advice as well as general health information.
And if we get all this right, it means that A&E can concentrate on what it does best – caring for people who have a very serious or life threatening condition.

Slide 11

- **Single point of access for urgent care**- a pilot was introduced in August 2011 to provide a 7 day Single Point of Access, 7am to 11pm telephone gateway for health and social care professionals to community services. To provide senior nurse led referral triage and allocation to community teams based on need. To provide a system capacity overview. This will provide a foundation on which to further expand and develop this single gateway to services and support our patients care at home.
- The single point of access introduced in West Essex has seen the number of readmissions reduced and the changes to the emergency ambulatory care pathway has reduced overnight stay by use of virtual wards.
- **Integrated out of hours and urgent care model-** A procurement has commenced for an out of hours service that integrated with the urgent care pathways across the health system, incorporating the development of the 111 initiative. A new service provider will be in place by September 2012.
- **Integrated minor illness and injuries unit at PAH**- PAH and SEPT have been working in partnership to develop of a fully integrated minor illness and minor injuries unit including services currently provided by the urgent care centre and the emergency department. Enhancements to streaming processes have already had an impact with a reduction of minor attendances on last year.
- Other developments at PAH for urgent care include a **Paediatric Consultant Advisory Service** for GPs to seek advice from a Consultant Paediatrician on issues or concerns relating to the medical management of Children aged 0-16. The service is very popular with GPs allowing them to manage the child in primary care. It is envisaged that the service is expanded in the hours covered and extended to other service areas in the future.

Slide 12

More Services Closer to Home: modern technology and medical advances means its possible to provide many more services in GP surgeries and other community settings. By 2014, 20% of current outpatient appointments and subsequent follow ups in west Essex will have moved acute hospital to GP practices, community hospitals and similar locations.
Continuity of care/ an individual not a diagnosis the trend form more service to move away from large hospitals to local communities and at home will be supported by a change in how services are organised. The aim is to

provide a better continuity of care and see people's needs in the round. For example across West Essex community integrated teams now provide a range of care and treatment at home for people with various long term conditions and those who need rehabilitation, palliative or urgent care. The teams bring together community nurses, case managers, occupational therapists, physiotherapists and specialist nurses for heart disease, respiratory disease, Parkinson's Disease and MS. Referrals for patients from GPs are made to a single point of access to reduce the administrative burden on GPs. Care is better co-ordinated because all the available local services are considered and unnecessary admissions to hospital are avoided.

Slide 13

- **Children's Development Centre in Harlow:** another good example of how integrated care is being introduced and how preventative care has a much higher profile in the local NHS is the further development of a child development centre in Harlow. The centre offers help to parents and children with developmental disorders that may result in physical, sensory, communication, emotional or learning difficulties. We're looking at how multidisciplinary team working can improve patient pathways.
- **Risk registers:** we are looking at ways of identifying patients at risk of developing long term conditions. This work will help us put in the right support for patients sooner rather than later and help equip our patient with self- management programmes eg on how to manage their diabetes.
- **Essex Family pilot:** as part of the Whole Essex Community Budget project, Harlow is taking part in a project for families with the most complex needs. The aim is to be effective partnerships with a combination of professional services, families and communities. The goal is that families thrive without the support of various agencies in good health and wellbeing, with a safe and nurturing environment for their children, economically active and engaged positively in the community. And this in turn will help release public sector resources for other areas.
- **Tele-health** 40 telehealth units to support the management of our patients that have frequent respiratory admissions. They help measure people's blood pressure and other things at home and sends the information to health professionals who step in if needed. The scheme makes monitoring more convenient and helps reduce health emergencies. We see this as a stepping stone to future investment in the use of telehealth to support our patient living with long term conditions and prevent unnecessary admissions to hospital.

Slide 14

You'll see that the objectives for services for older adults is very similar to our priority areas.

With a growing number of people who are over 65 we need to make sure that the right services are in place when they are needed and do everything we can to keep people in good health for as long as possible.

Slide 15

Stroke and Early Supported Discharge –NHS organisations in west Essex together with partners in social care and the voluntary sector have worked together to develop a new community-based service for stroke patients. ESD service ensures that patients get the rehabilitation they need after leaving an acute hospital such as Princess Alexandra in Harlow. As well as providing stronger community support and rehabilitation to people who have had a stroke or experience a neurological disorder, the specialist team of nurses, therapists and assistants will also care for patients in dedicated stroke or neuro-rehabilitation beds at St Margaret's Hospital, Epping.

Integrated community teams- On taking over the community contract in August SEPT have been undertaking a consultation on the restructuring of its community teams to a more integrated model. Supporting community nursing teams with specialist support based around the clustering of practices and localities. This provides the excellent foundations to deliver further integration including social care and our mental health provider. A pilot commenced in quarter four 2011/12

Improving dementia care.

- Developing memory assessment services, signposting and advice for people with dementia and their carers, developing skills in nursing homes and residential care homes. Providers will be contractually required to comply with NICE quality standards. A pilot project with residential/nursing homes will reduce inappropriate antipsychotic prescribing for people with dementia to improve their quality of life.
- Last year, the PCT invested in Dementia Care Advisers to help people deal with the effects of dementia and to avoid deterioration for as long as possible. These specialist health workers are on hand at memory clinics and provide help for people who have been recently diagnosed. New services for the next 12 months will include a increasing the number of nursing home beds for people with dementia and more support for nursing homes.

Care at the end of life - the provision of end of life care is becoming increasingly complex, with people living longer and the incidence of frailty and multiple conditions in older people rising. We want to ensure that people and their families have excellent care at this time. We expect at least 10% more people to die at home if they wish. Part of this work will be establishing a system to identify what people want so health professionals know about peoples' wishes. Other recent developments which offer more support at home include overnight nursing care and specialist hospital beds at home.

Carers – as mentioned earlier the shadow Essex Health and Wellbeing Board has identified carers as a priority area for greater working between agencies. Further work by the W Essex CCG for the coming year includes respite support, commissioning voluntary organisations to provide support and a sitting service

Slide 16

Helping people get a good a start as possible in life is a key area

Breastfeeding – a really good example of partnership working involving PAH and community services means that the number of breastfeeding new mums at 6-8 weeks has increased recently. And the project has been is recognised by UNICEF as an example of good practices
CAMHS – a pilot project which gives professionals one point of referral for children and adolescents with mental health problems is in place. The aim is to speed up the journey to treatment and to join together various aspects of the service more effectively
Other priorities for mental health services include better services for older adults, improve the physical health care of people with mental health issue and to continue to improve services for people with personality disorder by building on the training in psychological awareness so that all staff groups have skills and understanding need.
Medicines Management During 2011-12, a series of three month programmes took place looking at how prescribing could be improved for patients while also saving the NHs money. For example by prescribing generic drugs or reducing the number of medicines that are not used by patients. For example the quality of care 77 HIV patients has been improved by moving them to homecare and saving £20,000.

Slide 17
Q&A session
GPs and the out of hours service they offer, should be more
Cross Boundaries – how will that work
How many Children Development centres
CVS – Engaging the voluntary sector
Tariffs – unbundling
Stroke – Investment needed
More organisations – integration issues
A&E increase maybe a reflection on GP (out of hours)
Community care – closer to home

Slide 18
Workshop session slide – no additional notes

Slide 19
Previous feedback
We've held a number of events over the last year and asked people who came along about their views about the commissioning priorities for West Essex and what needs to be considered in their implementation
Overall people agreed with the main priority areas. There were a number of themes which emerged
Services for older people: the vital role of carers and the need to ensure they have more support, respite and training was highlighted. The importance of providing empowering education and training for patients was highlighted
Services for people with long term conditions: there was support to provide more services in the community. Better communications between professionals and integration of care was highlighted as a priority. Further

developing links with voluntary services to support people holistically was highlighted several times. And again the vital role of carers
Urgent care: discussions on urgent care covered GP and out of hours services. A number of improvements for GP services were suggested such as streamlined appointment systems and better systems for public engagement, which we'setting a up a patient referent group in every practice
Integration/transformation of services – examples such as virtual wards were welcomed together with making sure service work very closely so people don't fall between the gaps.
Thank you for your feedback if you came along to one our meetings. A summary of comments is included in various planning documents including the Joint Strategic Needs Assessment (JSNA) – the 'means by which PCTs and local authorities will describe the future of health and wellbeing needs of local populations and the strategic direction of service delivery to meet these needs'.

Slide 20
Questions for the workshops – no additional notes

Slide 21
Elaine Sullivan - Patient & Public Engagement Strategy
The CCG have three key priorities on how it will engage.

1. The individual patient – 'no decision about me, without me'
2. Collectively about how you can influence services (the What)
3. Patient experience, quality of service (the how)

What this part of the day is all about is the start of this process

Slide 22
This is the first opportunity for you to inform our PPE Engagement strategy.
We have various methods by which we will involve and engage you in health care decisions.
This is the first part of the Annual Cycle, we will hold another engagement with you later in the year (Autumn)
We have a new CCG website which is available now on www.westessexccg.nhs.uk
Undertaken a recruitment exercise at the beginning of the year to invite people to become involved in whatever level they can from receiving emails to taking part in working groups
Working with the existing locality forums, one in Epping Forest and one in Harlow, the CCG are working with various contacts to build one in Uttlesford, so for those of you from Uttlesford here today, if you want to get involved come and see me or members of the team today.

Slide 23
This is how we embed PPE into our structure.

We have appointed a lay rep to the board who has responsibility for PPE, Jackie Sully.
To work along side the CCG board we are forming a PPE Reference Group which Jackie will chair. This will be made up of 2/3rds patients/public and the other members selected from HealthWatch, CVS, Carer group and Youth group. The DRAFT Terms of Reference and Job description is available for you to review here today
We are encouraging all of our GP practices to have their own Practice Participation/Reference group to seek views locally and improve services within the GP. But also to ensure that the GPs are aware of the patients views. Debbie Wald and John will speak about their experience and what the group means to the Angel Lane Surgery, Dunmow.
LINk already has representation with the PCT and this will be strengthened with the introduction of HealthWatch.
Community Voluntary Sector (CVS) has a large network of organisations which we will work with
Expert patients such as Daphne (the diabetes group) and others will help us with specific health pathways through Programme Boards along with LINk members who are represented on these boards.
We will continue to collect feedback, good or bad, through the existing channels such as PALs and PEBL etc. Charlie Davison is here today if you have individual issues that you want us to be aware of and to feed back on the workshop or the CCG.

Slide 24
What this is trying to show you is how, all those existing networks, Reference Group and Practice Groups weave into all our activities.

Slide 25
Workshop sessions – no additional notes

Slide 26/27
Jackie Sully's questions for the group – no additional notes