

Goal E: Healthier for Longer

Health & Wellbeing Strategy Thurrock 2016-2020



Contents

Aim.....	2
Methods.....	2
Results	3
E1: Reduce obesity	3
Views around weight management services in Thurrock as below:.....	3
Views on Thurrock Park Run:	4
Views on Thurrock Health Walks:.....	4
E2: Reduce the proportion of people who smoke	5
E3: Significantly improve the identification and management of long term conditions.....	8
Views around the identification/diagnosis of LTCs:	9
Views around the management of your LTC:	10
E4: Prevent and treat cancer better	11
Views around the care received for cancer treatment:.....	12
Summary	13
Recommendations.....	14
Figure 1: Awareness of free Thurrock health initiatives	3
Figure 2: Smoking status	5
Figure 3: Referral from Health Professional to smoking cessation.....	6
Figure 4: E-cigarette use	7
Figure 5: Views on e-cigarettes.....	8
Figure 6: Offer of a support group	9

GOAL E: Healthier for longer

1. Reduce obesity
2. Reduce the proportion of people who smoke.
3. Significantly improve the identification and management of long term conditions
4. Prevent and treat cancer better

Aim

Our aim was to engage with and inform Thurrock residents of the refreshed Health and Wellbeing Strategy 2016-2021. For this report we engaged with residents around strategy goal E.

Methods

To involve Thurrock residents with *Goal E: Healthier for Longer* we carried out a number of engagement activities to gather their views on the four priorities as set out in goal above.

We had a total of **57** surveys completed, of which 10 were online surveys and 47 were hardcopy completed during outreach. Questions were asked around:

- Healthy lifestyle initiatives and services in Thurrock
- Smoking cessation services and e-cigarette views
- Long term condition diagnosis and management
- Cancer diagnosis and treatment

Not every section of the survey was relevant to every person to complete e.g. not every person would have had an experience of smoking cessation or with cancer treatment.

Engagement activities: January 31st to March 10th 2017

1. Informal engagement at Thurrock Community Hubs and public events
2. Online Survey - 31st January 2017 to 10th March 2017. Promoted through social media (Facebook and Twitter)

Table 1: Engagement for Goal E

Date	Place	Group or Event
01/02/2017	Whole Thurrock - Online survey	Online community
02/02/2017	Basildon and Thurrock University Hospital	World Cancer day event
03/02/2017	Tilbury	Community Hub drop in
16/02/2017	Chadwell St Mary	Community Hub drop in
24/02/2017	Chadwell St Mary	Health Day Event held at community hub
24/02/2017	South Ockendon	Community Hub drop in
03/02/2017	Grays	Essex Success Regime Public Event

Results

We spoke to in total 57 people who live in Thurrock.

- This included 34 females, 17 males, 6 did not disclose
- Average age of responder was 50 years

E1: Reduce obesity

We wanted to get a feel of what local people's knowledge was of local free health initiatives. At the time of the survey there were four tier 2 weight management services in Thurrock: *Tai Chi for Health*, *KSL*, *Naf Health* and *Vitality*. There were two official Thurrock Health Walks (Davy Down, RM16, and Broadfields Farm, RM14). There is one Park Run held every Saturday in Orsett Health.

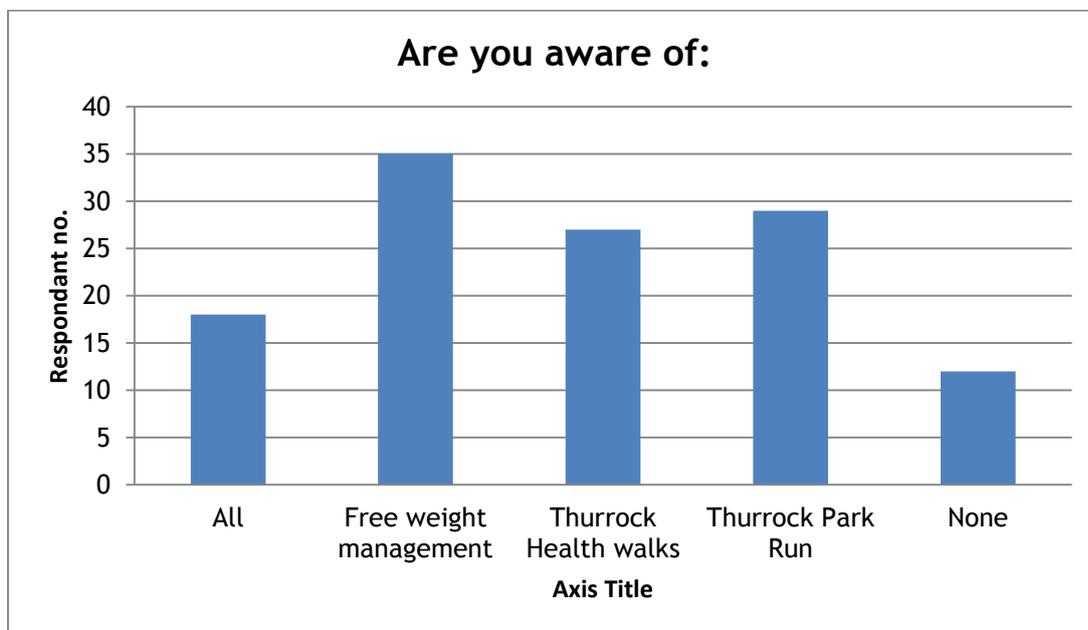


Figure 1: Awareness of free Thurrock health initiatives

Almost a third of responders were aware of free weight management in Thurrock. 10% of responders were not aware of any of these free health initiatives in Thurrock.

Views around weight management services in Thurrock as below:

I found NHS NELFT Vitality extremely helpful and I achieved far more than I expected on all personal levels and in fact led me to become a peer trainer on food and mood causes with Inclusion! However, finding information for KSL, Tai Chi for Health and NafHealth has been difficult and frustrating! I also attended therapy for you. I expected more information would have been given (i.e. Food/ Mood/ Self-help/ obesity/ exercise/ links for depression) I found this very disappointing. My GP didn't know anything about it - incredible!

KSL Weight Management Programme was very helpful and friendly, helped me to gain a better understanding of food.

Tai Chi for Health (weight management programme) was very enjoyable.

Alongside weight management I think there should be a counselling service because a lot of weight issues relate to people's well-being and mental health. A support group would be useful and we might see better results. From speaking to people I have met on programmes it's the mental well-being holding them back because of other factors such as not being able to keep up with the programme, the cost of food, gym memberships and lack of support. You just feel so alone & like giving up. How to eat healthily on a low income should also be included in any package programme.

I have attended a Vitality course a few years ago it was very good about what to eat and what to try and avoid. Also you had a 30 minute taster sessions of different sorts of exercises. I think now the courses do not include exercise.

I attended KSL weight management group and it was professionally run, inclusive and non-judgemental. It made a big difference in my understanding the non-hunger reasons why I eat.

Views on Thurrock Park Run:

Excellent Thurrock Park Run. Also there are good Health Walks with Trevor Rawson. I also attended the Vitality Weight Management Course, it was well run.

Park Run is great for community spirit and great for cardio exercise.

Views on Thurrock Health Walks:

I've done the health walks, I now do a lot of walking and my health has improved considerably.

I helped to start up one of the health walks for Coalhouse Fort to Tilbury Fort. Unfortunately I no longer have a car so can't attend it anymore.

Done a few Thurrock Walks when my health was better years ago, I used to run and did the Thurrock Park Runs, but now I have leg problems.

We asked, what would encourage you to eat a healthier diet. Table shows responses in weight order (highest first).

Initiative	Number of Responses (proportion)
More offers on healthier foods	34 (18%)
Healthier options available in takeaways and restaurants	21 (11%)
Recipe ideas and or cookery classes	20 (11%)
Access to weight management support	18

	(10%)
Initiatives that encourage fruit and vegetable consumption, reduced sugar and salt etc.	16 (9%)
Healthier options in school/college/workplace etc.	16 (9%)
Better labelling	15 (8%)
NA - already eat a healthy diet	15 (8%)
Access to groups for support	14 (7%)
Initiatives in the workplace	10 (5%)
Healthy eating badges in local shops and takeaways	9 (5%)

More offers on healthy foods was the most common response. This highlights the fact that fresh produce can be expensive especially when healthy foods are not purchased from a larger supermarket. Local smaller shops and smaller supermarkets tend not to have as large range of fresh fruit and vegetables. *Healthier options available in takeaways and restaurants* was the second most popular choice.

E2: Reduce the proportion of people who smoke

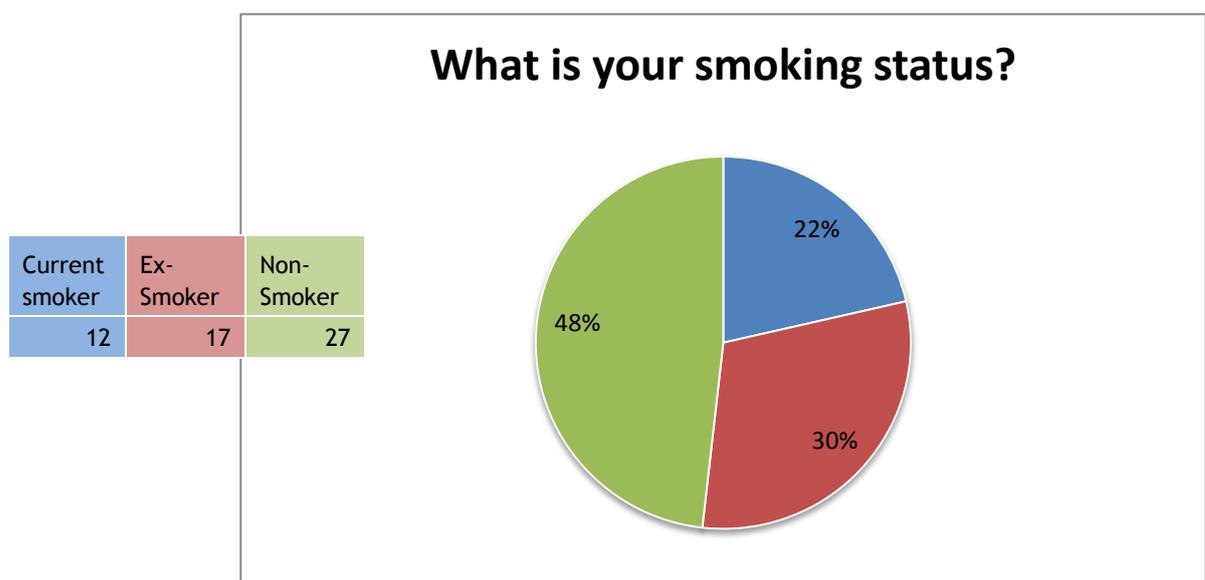


Figure 2: Smoking status

As shown above 22% of responders are current smokers. The adult smoking prevalence in Thurrock is 21.3%¹. We then only asked those that were either a current smoker or ex-smoker any further questions related to smoking (29 people).

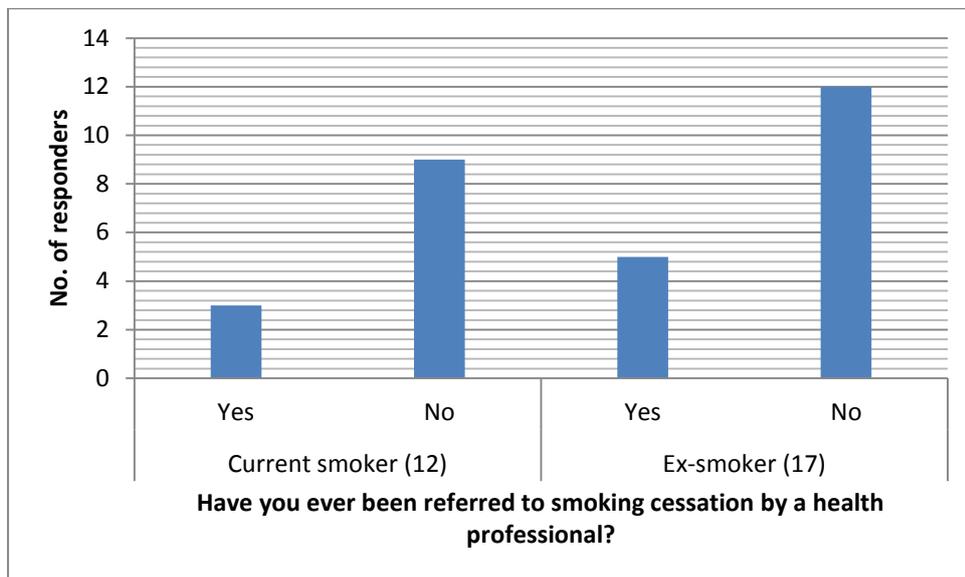


Figure 3: Referral from Health Professional to smoking cessation

As figure 3 shows, only 8 out of 29 current or ex-smokers said they were referred to a smoking cessation service from their GP. Of course this may relate to fact that the opportunity for this to happen was never there.

We asked about whether they had ever used a smoking cessation service in Thurrock, and if so what were there views:

The course didn't work for me (Vitality).

I have always fallen off the cycle when I've been on it.

I did try but after a while I started smoking again. I want to try e-cigarettes.

Brilliant, Vitality was very helpful.

I didn't find it helpful. I stopped smoking with hypnosis. Not smoked for 11 years now.

Fabulous and very personal (Vitality).

These services for support weren't available when I needed the support to quit.

I used an e-cigarette I purchased myself to quit.

We asked whether work places supported stopping smoking initiatives:

¹ Tobacco Control Profiles. Available from: <http://www.tobaccoprofiles.info/profile/tobacco-control/data#page/4/gid/1938132885/pat/6/par/E12000006/ati/102/are/E06000034>

The majority of people said *no*, whilst over a third *didn't know* whether their workplace would support them. Only 14% said *yes*. Those that answered *yes* explained how:

My workplace does support us to quit smoking; they used to run a smoking cessation service.

We are made to smoke outside the premises.

There is the offer of public health services.

I work for the NHS - we have stop smoking campaigns, plus access to stop smoking cessation professionals, occupational health.

We asked do you vape (use an e-cigarette)?

Of those that were either a current smoker or ex-smoker (29 people) the majority at 88% (23 people) do not use an e-cigarette.

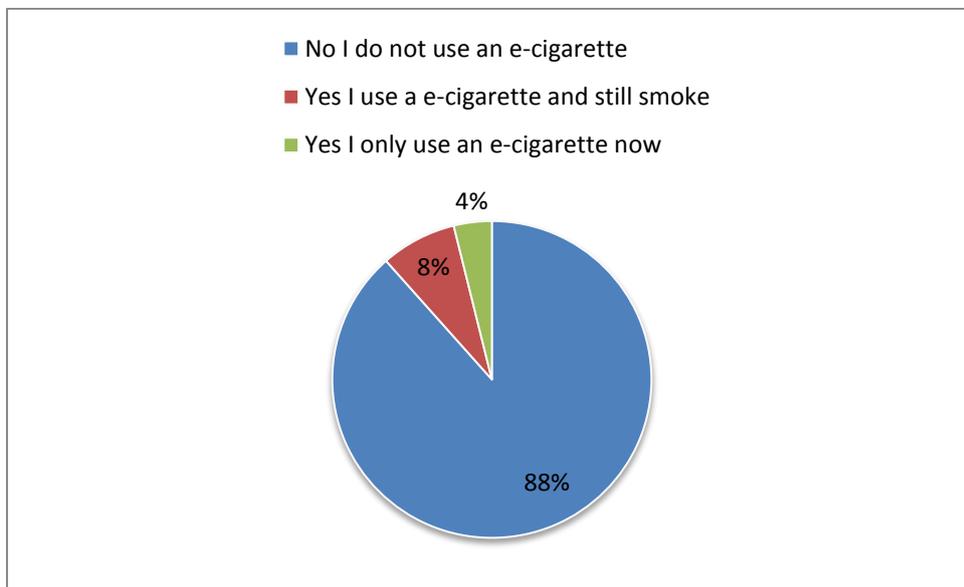


Figure 4: E-cigarette use

We asked what your views are on using e-cigarettes:

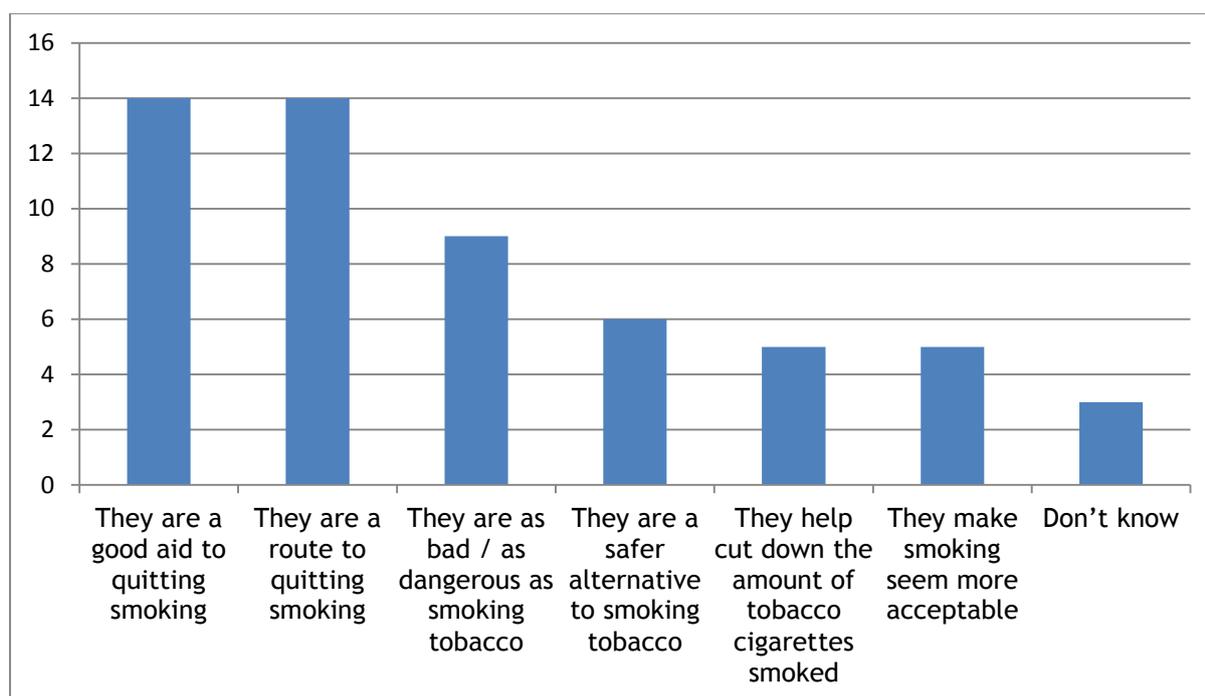


Figure 5: Views on e-cigarettes

As shown in figure 5, the top two choices were positive around e-cigarettes. However, 9 people did feel that e-cigarettes are as bad as/ as dangerous as smoking. A public health promotion to inform the public around the known facts would be useful potentially also educating health professionals who may be making referrals or speaking to people regarding their smoking status.

E3: Significantly improve the identification and management of long term conditions

We asked do you (or a close family member) have a Long Term Condition (LTC).

No	Yes
19	37

Thinking of when your LTC was identified:	Yes	No	Don't know
Was the experience dealt with caringly?	28 (80%)	6 (17%)	1
Were you given advice on how to manage your condition?	23 (66%)	10 (29%)	2 (6%)
Did you feel confident in the advice and information you received?	22 (65%)	11 (32%)	1 (3%)

Were you given advice around support groups in Thurrock or Essex?	12 (34%)	22 (63%)	1 (3%)
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The responses around identification of LTC is a mixed picture, it shows that of the responders (80%) were treated in a caring manner. Not quite as many, 66% of respondents said that they were given advice on how to manage their LTC and 65% felt confident in this advice. However, where treatment experience is not so good is around support groups for LTCs with only 35% receiving any advice around support groups in Thurrock or Essex. This of course may reflect the fact that there is not a support group for every LTC. The below pie chart demonstrates this.

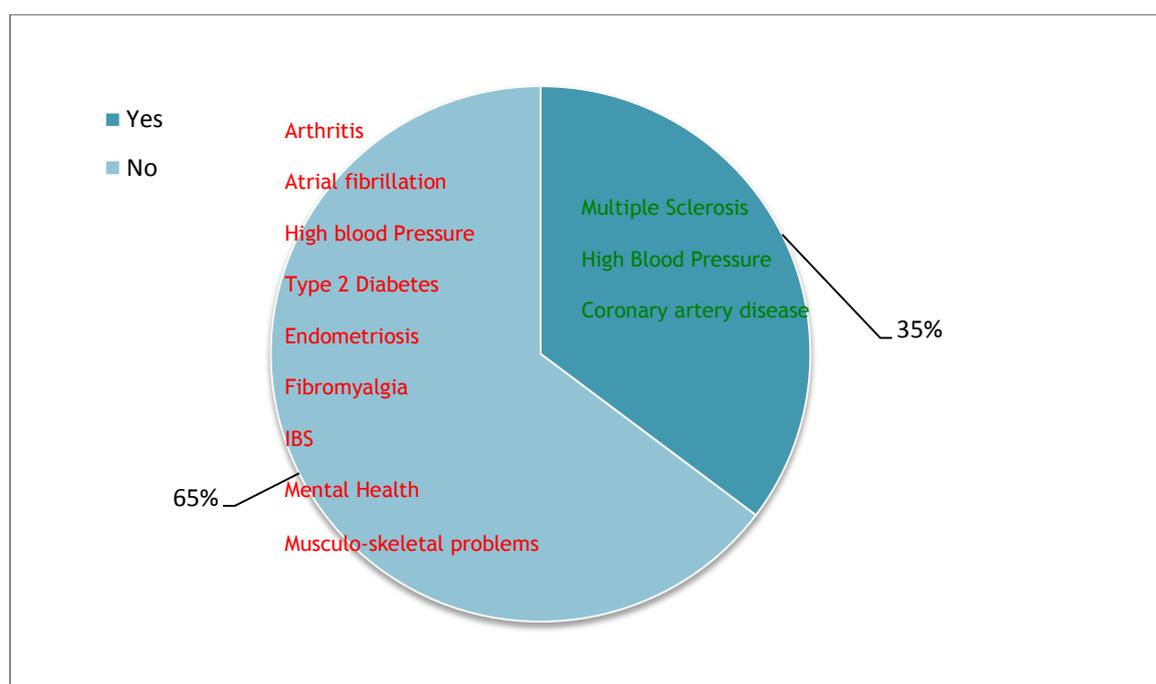


Figure 6: Proportion of those who were offered advice around support groups

Views around the identification/diagnosis of LTCs:

A combination of my GP practice & Hospital Specialists has provided me with a good service.

The advice provided is too generalised. If there is more than one long term condition these are not taken into account. It is clear that holistic care is not available. I think sleeping disorders are poorly understood. There is no monitoring of oxygen saturation to see if CPAP therapy is being effective. Sleep Apnoea and Insomnia is very difficult to manage.

Provision of more information over time on support groups and on health visitors would be recommended.

Failure to diagnose for 50 years, I was 65 years old when I finally was. Thank God for the locum.

Fortunately I can communicate very well as I can deal with all aspects of my

health but I do worry that not enough explanation is given to people who suffer mental health and dementia etc.

Support groups would really help. GP staff and surgeries seem overwhelmed and there isn't the time I believe for that extra support which would be really helpful.

Hospital appointments could be reduced if the various departments and clinics within hospitals and hospital to hospital communicated better.

I don't think enough support is provided to people with Multiple Sclerosis in the local area. It can take months to get an appointment with a neurologist. 1 weekly exercise class is not enough

My doctor is a good listener but the service doesn't seem to have enough information. I know more than my doctor does about the services in Thurrock and I have to ask for them. Other people I feel sorry for might not be so lucky unless they have a complete melt down to be able to be referred for support. I have seen other surgeries have more posters and information about support for mental health and stop smoking than my surgery. It should be more consistent across GP surgeries.

Thinking of the management of your LTC:	Yes	No	Don't know
Do you feel supported by your GP/ Healthcare professional who deals with your LTC	22 (61%)	13 (36%)	1 (3%)
Are you having medication reviews annually?	29 (85%)	5 (15%)	0 (0%)

There seems to be a mixed picture around the management of LTCs for the people of Thurrock. Over two thirds of responders felt supported by their GP/Health Professional however one third said *No they don't feel supported by their GP/health professional* who deals with their LTC. LTC treatment seems better when it comes to medication reviews with 85% of responders with a LTC stating they are having them yearly.

Views around the management of your LTC:

I feel alone in coping with my LTC. I think there should be a drop-in service that looks at you as a person and helps to support you by either referring you to those more specialised who can support & help you, it would make a difference to a person who is suffering. We need a service to have a voice on your behalf when things get too much for you to cope well at times. I think children suffer too when they live within a family whereby someone in the family is not coping very well, those children will have needs too. Professional bodies need to push for a holistic approach when dealing with individuals suffering LTC including metal health issues.

I do not believe healthcare professionals understand the complexity around weight

management, sleep disorders and musculoskeletal disorders. It is easy to suggest more exercise and a balanced diet, but chronic tiredness and joint pains can make exercise difficult. Tiredness can also drive craving for high energy foods that are high in calories.

I have a medication review and my GP always sees me in an emergency but it seems I have to get to that point of an emergency. If there was more support in between this would lessen issues.

Poor communication between healthcare professionals e.g. Consultant to Consultant, Consultants to GP and effective communication with patient. No management plan in place to manage multiple conditions. It doesn't feel there is a holistic approach to healthcare.

There is not enough support (for Locked in Syndrome) and we have been left to ourselves.

Not enough groups specialising in Multiple Sclerosis for my Mum to attend. Constant changes in dates of appointments at Basildon Hospital due to annual leave of specialist etc. We find it difficult to get an appointment at our GP surgery. My Mum has received a better and more efficient service at hospitals outside the area.

It takes a very long time to get an appointment and when I do get one I have waited an extra hour and half to be seen.

I feel supported by one of the doctors at my surgery and by the specialist at hospital.

I am fortunate I have access to a car and get the relevant people. I worry for those that aren't as fortunate as me.

Healthcare professionals, rather than just giving their professional opinion, ask my relative what she wants to do. This is very difficult for 82 year old with slight memory loss. Medication changed, such as COPD, with no close monitoring, so makes the condition worse.

E4: Prevent and treat cancer better

We asked have you, or a very close family member, ever been diagnosed with cancer.

No	Yes
27 (50%)	27 (50%)

Thinking of your experience of cancer diagnosis:	Yes	No	Don't know
Were you told you could bring someone when first told you had cancer	13 (59%)	5 (23%)	4 (18%)
Were you told sensitively that you had cancer	15 (68%)	3 (14%)	4 (18%)
Did you understand the explanation of what was wrong	17 (77%)	1 (5%)	4 (2%)
Were you given written information about the type of cancer	10 (44%)	9 (39%)	4 (17%)

The above figures give an overview of some people living in Thurrock's experiences of cancer diagnosis. The majority of people at 59% were told they could bring someone with them when they were first diagnosed with cancer. A higher proportion of people were told sensitively they had cancer at 68%, and the explanations for what was wrong were good for the majority also at 77%. Diagnosis experience is not so good when it comes to receiving written information regarding the type of cancer with only 44% stating they received written information about the type of cancer.

Thinking about your experience of cancer treatment:	Yes	No	Don't know
Were you given a choice of different types of treatment	11 (50%)	7 (32%)	4 (18%)
Were you told about possible side effects in an understandable way	13 (57%)	5 (22%)	4 (18%)
Were you given written information about side effects	11 (48%)	7 (30%)	5 (22%)
Were you involved in decisions about which treatment to have	13 (62%)	3 (14%)	5 (24%)

It is a very mixed picture regarding cancer treatment for people. Again it is the written information which is not being provided.

Views around the care received for cancer treatment:

Basildon Hospital, UCLH and Royal Free Hospitals were amazing and continue to be 5 years on.

I was diagnosed early and had some support from Benenden Hospital. I have not had a reoccurrence of the cancer.

Whole process was timely and all over the place i.e. Southend, Basildon and Orsett Hospital. I am a pensioner who has difficulty getting to these appointments.

Southend Hospital couldn't have been better. I was diagnosed with breast cancer and operated on in two weeks and had radiotherapy and had checks for 5 years.

My father discovered that he had cancer very shortly before he died at the age of 80. So I cannot really comment on cancer. But I'm sure all the angles are covered.

Unfortunately my mum's cancer was not able to be diagnosed until it was advanced but the staff. Was absolutely fantastic and it was all handled excellently.

This experience of my relative having cancer, both from diagnosis, first stage treatment, surgery to follow up, is not with this area, but he was treated very well. My only criticism would be that he had poor pain control. This has been recognised, nationally that they're very limited staffs who are experts in managing patient's pain. In the Sustainable Transformation Plans there needs to be an overall increase in specialists which patients should have easy access to and not to have to wait for days or several weeks to be seen.

I had breast cancer. I was treated at the Southend breast cancer unit (Thomas Hurran). I've found Thomas Hurran and the team at Southend fantastic, empathetic, understanding, informative, supportive and willing to discuss. My opinions were taken seriously and having to reach a very difficult decision was treated with concern and reassurance.

My husband has bladder cancer and with his medical history he cannot have an operation to remove the tumour so there isn't much that can be done for him he is now going to receive radiotherapy but most of the time you are left to deal with things by yourself. It seems like you have to wait until something drastic happens.

I think overall the treatment I received has been excellent. I can't fault any of the hospitals. However, Macmillan Nurses have not been quick to respond.

Summary

For engagement on Goal E, we spoke to 57 Thurrock Residents about *living healthier for longer* in Thurrock. Of these people, 10% were not aware of any of the free health initiatives being run in Thurrock. This may be because they do not access online media or have never been referred by GP. It is important that people know about these services and initiatives such as free weight management and Thurrock health walks.

Thurrock residents did express a number of concerns:

- Our responders felt there needed to be more offers on healthier food options, implying that healthy food tends to be expensive. It was also highlighted that there is a need for healthier options from food outlets such as takeaways and restaurants.
- For those that were either current or ex-smokers, there were limited opportunities for smokers to be either referred or encouraged to quit. Health professional and GP referrals to smoking cessation was shown to be low, only 8 of the 29 said they had been referred to a stop smoking service. Workplaces' supporting smoking cessation was also low.
- Our responders were unsure on e-cigarettes as a viable option for smoking cessation, the majority supported e-cigarettes as a potential method for smoking

cessation however but 9 of the 29 current or ex-smokers we spoke to felt that e-cigarettes were as bad as smoking in terms of health impact.

- Limited GP and/or Health professional knowledge of local support groups or networks for those with LTCs.
- Limited written information provided when an individual is initially diagnosed or is being treated for cancer.

Recommendations

Below please see the recommendations which are based on what Thurrock people have told us during the period of engagement for Goal E.

Priority	Recommendation
E1. Reduce obesity	Have a stronger strategy for promoting available initiatives/services through media other than online media. Look at possible ways of making healthier options more accessible and affordable especially in areas where a larger supermarket is not nearby. E.g. a mobile fruit and vegetable stall or small market.
E2. Reduce the proportion of people who smoke	Encourage workplaces to have strategies for reducing smoking in their work force. Consider e-cigarettes as an option for smoking cessation.
E3. Significantly improve the identification and management of long term conditions	Provide Thurrock Health Professionals with the knowledge of local support groups or networks for those with LTCs by use of either a tool or easy to access document. If a GP or health professional is unsure they can refer the individual to us at <i>Healthwatch Thurrock</i> and we can provide advice and information about support groups etc.
E4. Prevent and treat cancer better	Provide written information regarding cancer type and treatment options including possible treatment side effects. GPs and Health Professionals can refer to us at Healthwatch Thurrock to provide the individual with information around support groups and services in Thurrock such as the St Luke's services.