

Informing Thurrock Residents about the Essex Success Regime

Healthwatch Thurrock Engagement

October 2016



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Acronyms

BTUHFT	Basildon and Thurrock University Hospital Foundation Trust
CQC	Care Quality Commission
ESR	Essex Success Regime
SHC	Sheltered Housing Complex
TCCG	NHS Thurrock Clinical Commissioning Group



Introduction

The Essex Success Regime

The Mid & South Essex Success Regime (ESR) is currently one of three transformation programmes in the country. It is overseen jointly by a tripartite of national organisations which include NHS England, NHS Trust Development Authority and Monitor. Monitor is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. The tripartite organisations work closely with the Care Quality Commission (CQC) who is the independent regulator of health and adult social care in England. The other two Success Regimes are in Devon and Cumbria. The Success Regimes focuses on the areas in England where there are deep-rooted, systemic pressures within the NHS services. The overall aim is to improve health and care where these systems are managing financial deficits or issues of service quality or both. The Success Regime enables management and financial support to local services delivery and will help to unblock any barriers to change. Every local health and care system must have a Sustainability and Transformation Plan, and this is what the Mid & South ESR will facilitate.¹

Healthwatch Thurrock has been working alongside the ESR NHS England Team to ensure that the Thurrock community that use these NHS Services are aware of the changes taking place and what changes they should expect to see. This also empowers and enables them to have their say on the changes and how it may affect them living in their communities.

How will this affect Thurrock?

It is known that the care in Thurrock costs more than the funding available which is not sustainable. There are many other stresses on the health and care system, a growing population with a growing ageing population further creates systemic pressures.²

Basildon and Thurrock University Hospital Foundation Trust (BTUHFT) is one of Three acute hospitals in South and Mid Essex, the others being Southend University Hospital and Broomfield Hospital in Chelmsford. Thurrock Clinical Commissioning Group (TCCG) is one of five Clinical Commissioning Groups and Thurrock Local Authority is one of three Local Authorities involved in the Mid & South ESR. All General Practice Services across the whole

¹ Monitor, Trust Development Authority and NHS England, *Essex Success Regime – Progress update*, 2016, p.1-4.

² Thurrock Council, *Joint Strategic Needs Assessment: Demographics*, 2015, p.6.

area, numbering approximately 183 are also involved. This places Thurrock firmly in the plans for improvement.

The ESR aims to get the system back into financial balance by 2018/19 and deliver the best joined up and personalised care for patients. These changes will have major benefits for patients, such as:

- More emphasis on helping people to stay well and tackling problems at an earlier stage to avoid crises.
- Joined up health and care services to provide more care for people at home and in the community, avoiding the need for a visit to hospital.
- New technologies and treatments to do more for people without the need to be in hospital, even in a crisis.
- When people need specialist care a hospital can provide, collaboration between hospitals and other services ensuring the best possible clinical staff and facilities.
- By redesigning some hospital services, the improvements in staffing levels and capability will mean safer, more effective and more compassionate care for patients.

Aims

1. To speak to and inform people of the transformation plans to the Mid & South Essex NHS services.
2. To detail what this means to Thurrock residents and inform people of the changes to the three acute hospitals.
3. To gather Thurrock resident's views on the regime and how people believe it will affect them.

Methods

To inform Thurrock residents of the ESR, Healthwatch Thurrock engaged with local people across of all its communities in a variety of ways. The engagement period was from August to October 2016. We informed people of the ESR plans and gathered their views by:

1. Use of a paper survey completed by individuals and assisted by Healthwatch Thurrock.
2. Facilitating discussion with groups of individuals covering more aspects of the ESR and gathering views in a group context.

Engaging with people in Thurrock

We attended various groups within Thurrock, this provides a captive audience to inform and facilitate discussion around the ESR. At each group, a summary of the ESR was presented lasting 10 minutes. Individuals were asked to participate in a short survey. As a team we helped individuals to fill out the forms if they required assistance.

The groups we attended groups in the community included, The Over 50s Club, The Over 60s Club, Stroke Group, BreathEasy Group and Zero Five Club (for those with learning difficulties). We also engaged with the general public in Thurrock through attending a number of events and holding a stall at Grays Market to speak with local people. To reach out to older people in Thurrock we held coffee mornings and afternoon teas in a total of 17 Sheltered Housing Complexes (SHC) across Thurrock.

Two events were also held whereby people were informed of the ESR:

1. **ESR Public Meeting** held on the 28th July 2016: with speakers from TCCG, ESR NHS England staff and the Interim Managing Director of BTUHFT - Steve McManus were there to discuss and inform people about what the ESR means in Thurrock. Healthwatch Thurrock assisted group discussion around the changes in order to gather views within the group context. Around 30 people attended this event.
2. **The Voluntary Sector Conference** hosted by Healthwatch Thurrock and TCVS on 22nd September 2016: at this event NHS England Staff Member presented the ESR and people were informed of changes to the health and care system in Thurrock. Around 150 people attended with a mixture of professionals and the public who work and live in Thurrock.

Please see appendix 1 for a list of all locations and activities where surveys were completed for this work.

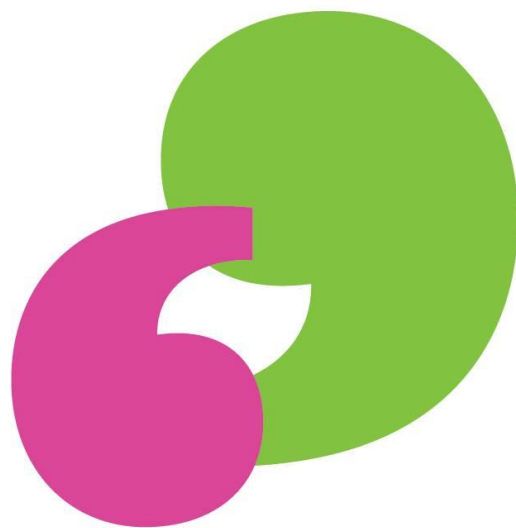
The Survey

The survey created comprised of 4 questions: 1 closed and 3 open questions as follows:

1. A) Would you agree/disagree that the health and social care system in Mid & South East Essex needs to change?
B) And if yes, what one thing would you change immediately?
2. Thinking ahead to your future as an older person, what choices do you think will be important to you?
3. Within the Health and Social Care remit what matters most to families and carers?

Total no of surveys

In total 235 surveys were filled out, however we spoke to many more people in general about the ESR.

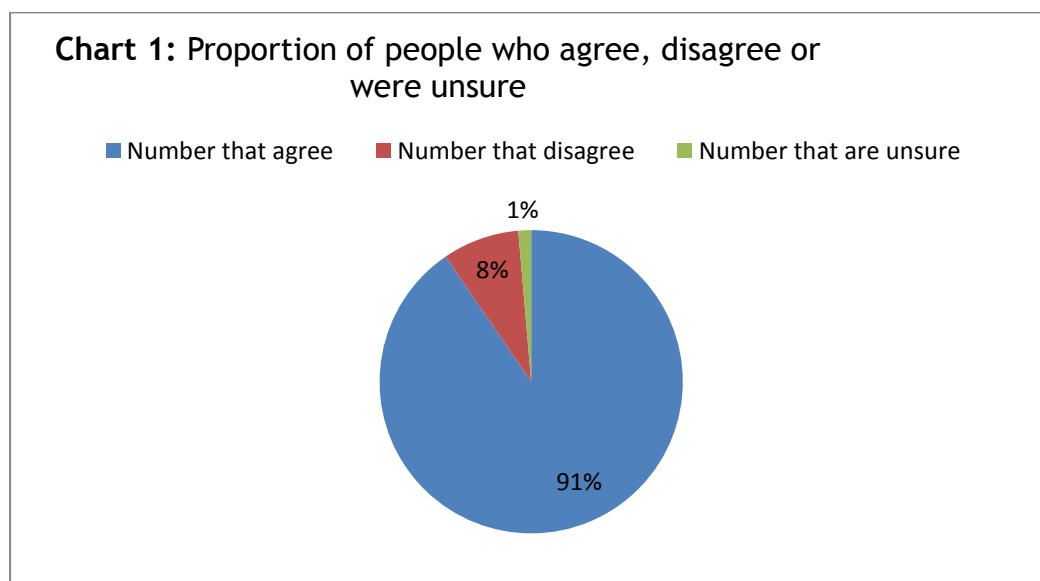


Findings

We had a total of **235 completed surveys** along with other views gathered from two events.

Q1.

- a) **Would you agree/disagree that the health and social care system in Mid & South East Essex needs to change?**



A total of **220** people responded to this question **91% (199)** of people said that they agree that the health and social care system in Mid & South Essex needs to change. **10% (18)** disagreed and **1% (3)** were unsure.

- b) **And if yes what one thing would you change immediately?**

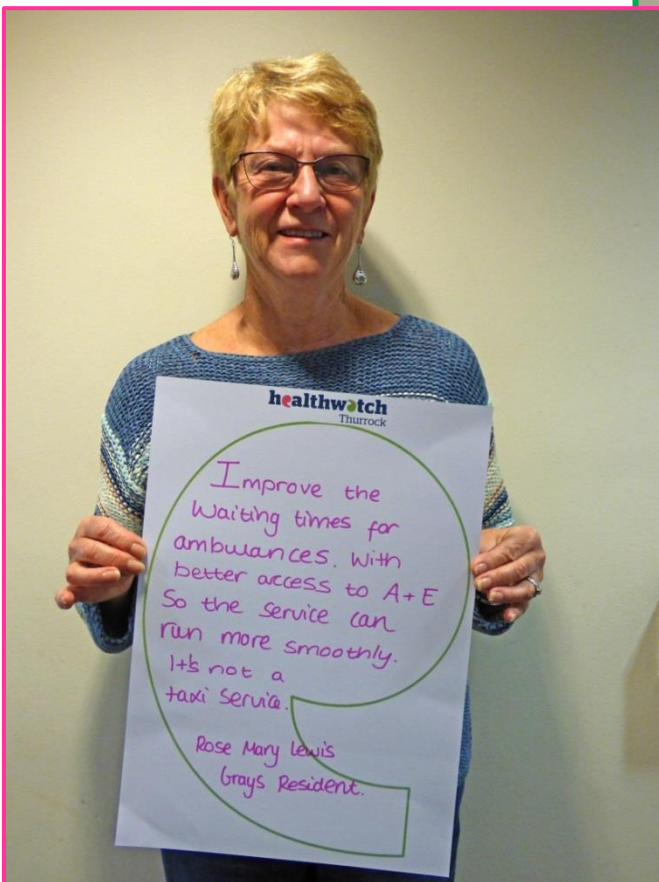
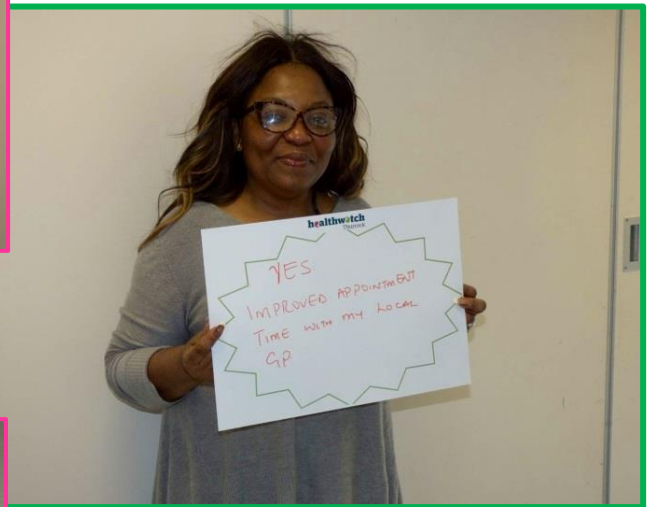
Themes that emerged (in weight order)

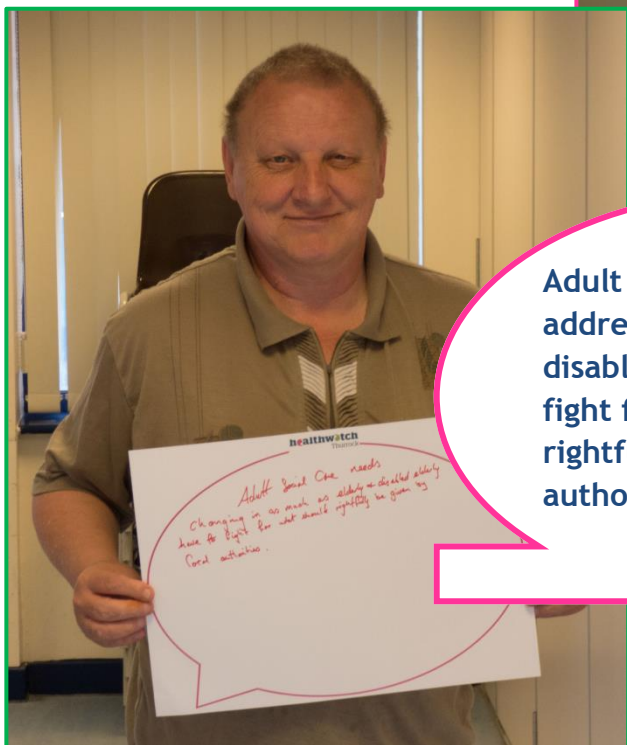
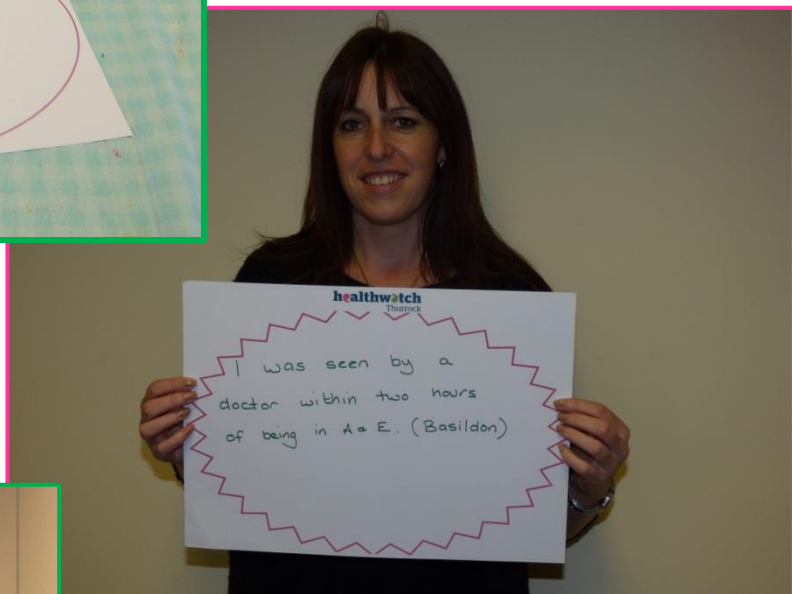
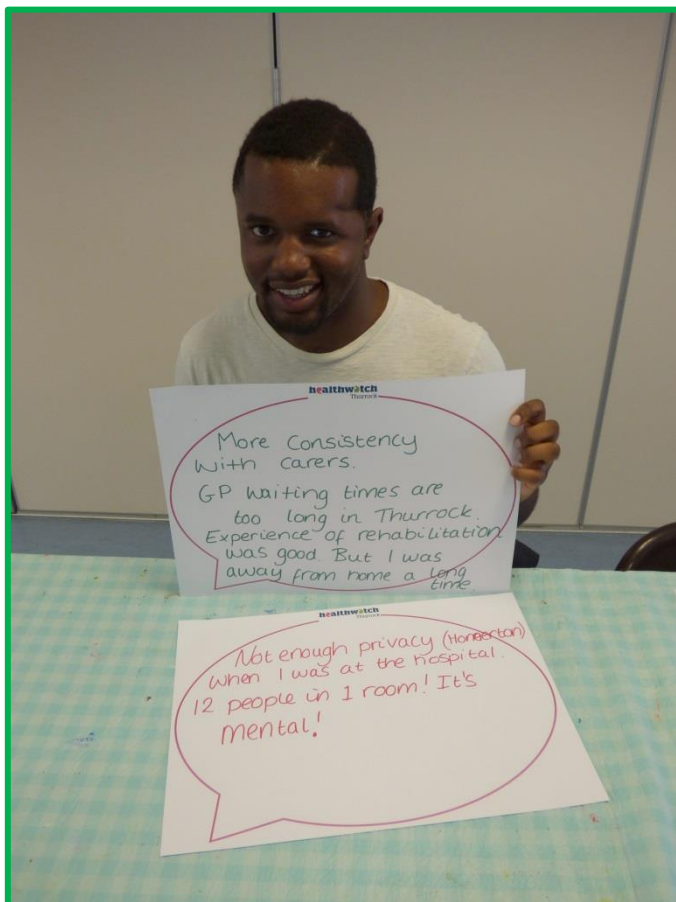
- Improved waiting times (58)
- Accessing services made easier (49)
- More available staff e.g. Health Professionals (16)
- More local specialist services (11)
- More joined up care (10)
- Better Social Care Services (9)
- Funding (4)

- Improved transport (4)
- More personalised care (4)
- More time for patients (3)



Figure 1: Views from some of our Volunteer Responders to Q1 and Q1b.





Adult Social Care needs addressing. The elderly and disabled elderly have to fight for what should be rightfully provided by local authorities.

Table 1: A snap shot of some responses to Q1. b)

“Agree, I would like to see weekend appointments and more offers of alternative treatments e.g. homeopathy on NHS.”
“Yes. Easier access to GP appointments and only having to wait a maximum of 48hrs for an appointment. GP surgeries to stay open longer and at weekends”
“I agree it needs to change. More minor injury units, more GPs in each area.”
“Yes, provide more GP/Nurse appointments that are easier to access. Also, having emergency appointments saved for old people.”
“More access to treatment. Local Hospital cannot cope with increasing population, although within their remit. Basildon Hospital does well.”
“Yes, blood tests need to be quicker. GP appointments need to be sooner rather than have to wait a few weeks.”
“Yes, availability of see my Doctor. Better follow up on Stroke patients once left hospital.”
“I agree it should change. Make somewhere in Thurrock accessible for Thurrock residents to get routine tests done i.e. hearing aids serviced and opticians for elderly.”
“Make it easier to access assessment of my Social Care requirements. Being deaf and blind I worry about my safety. I go to National Royal Hospital - London, Moorefield Eye Hospital London.”
“I believe more appointments need to be made available for residents of Thurrock to see their local GPs.”
“Stroke survivors to have longer time spent on occupational health. A greater amount of support after a stroke with elderly clinic.”
“I think there should be more specialised Clinics in all Housing Areas so the Hospitals will be less crowded, older people and children could be seen quicker.”
“Yes, a quicker response to our needs such as general appointments and the Ambulance service.”
“Waiting time for hospital appointments to see a consultant.”
“The appointment system - appointment for the same day and to arrange an appointment for a specific time e.g. some days or weeks ahead.”
“If a GP refers you to a hospital consultant, then the waiting time for an appointment should be shorter. Time is vital to get treatment so it should be as early as possible.”
“Quicker appointments for seeing a GP, when unwell see Dr the same day. Also sorting out car parking problems.”
“To be able to see Doctors sooner rather than later and also more opportunity of GP home visits.”
“Not to have such a long time for a GP appointment. Not to have to travel to Basildon Hospital and wait so long for emergency care.”
“I do agree that things need to change. We have an outdated system that is creaking at the seams and modernising is essential. One thing I would change is consistency of services and care. There are large variations across the region. Consistency across the piece should improve outcomes for all.”

“Not really? I do not agree for a ground up change. Equality and standardised provision of services is what we should aim for, with the ability to be flexible for the ever-changing demands.”

“Specialising is very important rather than an average care provided in 3 acute hospitals.”

Q2. Thinking ahead to your future as an older person, what choices do you think will be important to you?

Themes that emerged (in weight order)

- Adequate health services (88)
- Independence at home (52)
- Better affordable home care (41)
- Good transport (38)
- More personalised care (24)
- Having social life (16)
- More local information e.g. Health & Community Services (14)
- Good care and closer to home (10)
- Staying healthy and fit (9)
- More support for sheltered accommodation e.g. bring back the wardens (8)

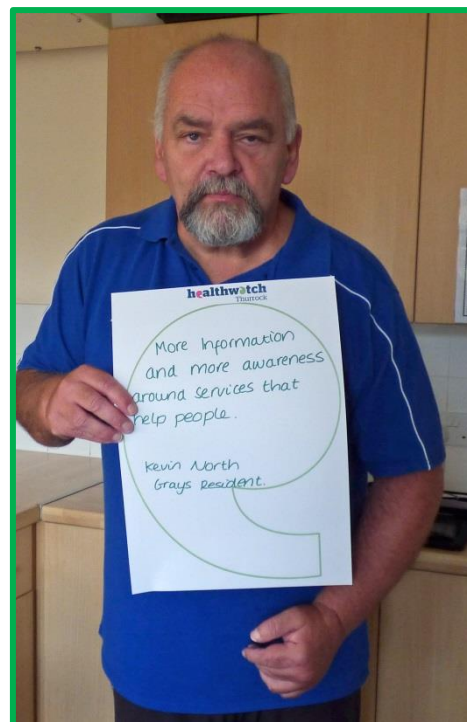


Figure 2: Grays Resident view on the ESR

Table 2: A snap shot of some responses to Q2.

“Doctors that have time to actually speak to you at length and quicker times to be seen by consultants if needed.”

“Health and wellness centres where we can have blood tests taken without a long wait.”

“Quicker appointments. Easier to get to health services. Local blood testing. More support in sheltered housing, e.g. Health care.”

“Accessibility to health service, transport, booking appointments. Lucky at moment, has a neighbour.”

“Quicker appointments at GPs and hospitals. Better care for the elderly (we are not bed blockers)

“I think hospitals need to utilise their space effectively, e.g. put beds in unused or storage spaces.”

“As an older person already I would like Health Centres closer so I don’t have to travel so far to get to a Hospital and if I do have to go the Hospital should not be so crowded.”

“The health care system needs to work better for older people.”
“Easier access to health and social care support.”
“Local services with sufficient free onsite parking, plus easily accessible by public transport.”
“Integrated service so can attend one place for a variety of needs e.g. Blood tests and Eye clinics.”
“More consideration, I am just getting nowhere with the appointment with the hospital. There should be more information for people when they are referred to the Hospital.”
“Access to good support. Good access to medical care and support.”
“Access to appropriate treatment in a timely way. Better facilitation of wishes re home care.”
“Ability to be able to contact Doctors easier when old it is difficult to be able to hang on when trying to make an appointment.”
“Quick and easier access to medics with distance and transport being taken into consideration.”
“Get help when needed and getting transport efficient medical help.”
“Have a district nurse call if needed. Doctors making house calls.”
Being able to access better home care facilities at a cheaper rate.
That as a disabled person I personally find as my conditioned as worsened, any help has diminished and I really am struggling with lots of things.
“Easier access in Home emergencies with follow up closer to home, distance and transport being paramount. Closer A&E.”
“More services in the home to prevent going to full care.”
“Carer availability made more universal, with longer visiting times.”

Q3. Within the Health and Social Care remit, what matters most to families and carers?

The themes that people discussed around this question were as follows:

1. The quality of care provided

- Good quality of care (67)
- The right care (14)
- Personalised care (2)
- Early access to services/treatment (2)

2. Family network

- Support for the family members (44)
- Keeping the family members informed (14)
- Keeping costs low to the family e.g. car park fees (8)
- Who to go to when you don't have family? (2)

3. The health and social care system

- Join up services between health and social care (11)
- Services provided locally (10)
- Support and advice services (10)
- Good transport links (4)

4. Dignity in care

- Dignified care (11)
 - Ensuring the patient understands their care requirements (7)
 - Choice over decisions being made (4)
5. Improved Social Care Services
- Better social care services (5)
 - More consistency with care workers (5)
 - Accessing home social care (4)

Figure 3: Some positive views from our responders to the ESR engagement

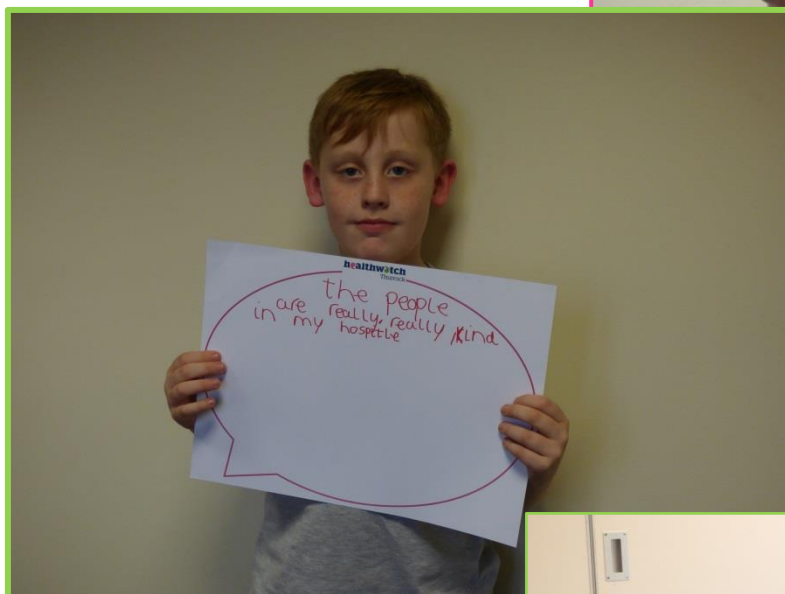
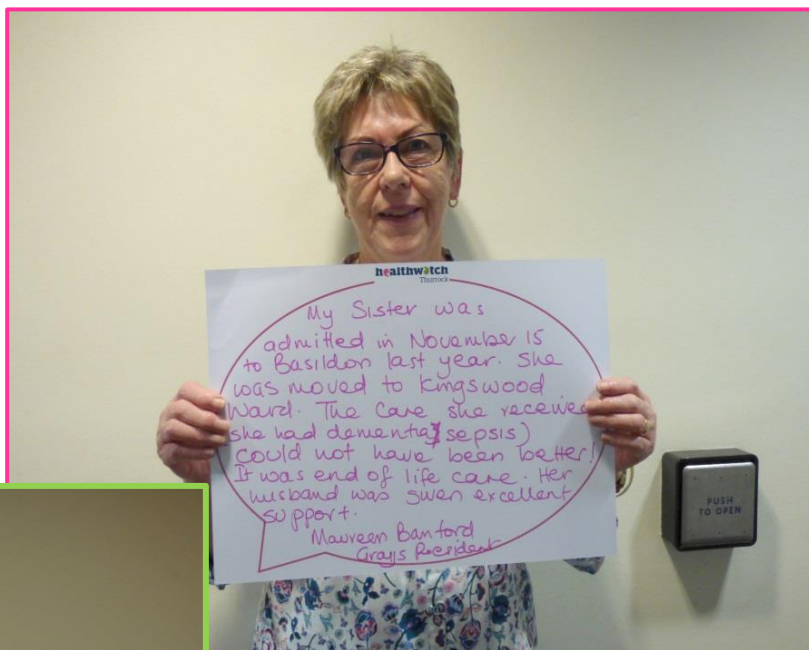


Table 3: A snap shot of some responses to Q3.

“More time allowance from carers spending with their patients.”
“My autonomy I should have more choice over treatment and end of life.”
“To be listened to and told what is wrong and what the treatment will be.”
“Dignity in care, knowing more about what goes on behind closed doors, e.g. at a care home.”
“Good quality care, being seen quickly if I get ill.”
“Carers need more time with their patients. At this point in time I don’t need a carer but when I ever do, I would like more than 10 minutes of their time. 30 minutes would be more acceptable.”
“Rapid Response was brilliant when I had a fall. Social care and extra support is very important. All the Carers and Nurses I’ve had were marvellous.”
“Family need to know that there is a backup for the odd family crisis. A good thing would be to have a 24-7 minor injuries unit.”
“Professional health and social care services, short waiting times, clean easily accessible facilities, free parking, and choice of appointment times. All services in one place.”
“Being able to access the social care support you need in crisis. For example a specialist team or support via Adult Social Care.”
“Consistency is very important to carers and families; it is important they have built relationships with both so they feel safe and know they are safe.”
“Doctors knowing their patients and their health needs and having good accessibility to it Not waiting 3-4 weeks sometimes up to 8 weeks for an appointment.”
“Communication between services and families, keeping all parties informed, giving us a sense of security.”
“To receive the best possible care either in hospital or in your own home and be cared for with dignity. Be treated as an individual and not as a number.”
“Good communication between all parties (health & social care). Home Care plan to be arranged so that the Carers are given Clients within one area to be able to do the work efficiently. All helping professions to co-operate more closely and alleviate the patient’s frustration. Care homes to be far more reasonably priced.”
“Better communications between family and social services and hospitals. Be treated with dignity, not assumed that you are senile because you are elderly.”
“Families need to know that elderly parents are being looked after by professionals, feedback is essential.”
“My family knows I am being well looked after e.g. Care Line. Need the Sheltered Housing Wardens for longer each day.”
“That family are kept well informed about patient’s condition.”
“Consistency of health service and care. Reliability leads to confidence all round.”
“When carers come to attend to you, although you do want help it is very hard to accept that help.”

“An immediate care plan in place before coming out of hospital. This would help support family members.”

Other comments

At the ESR public meeting held on 28/07/2016, discussion was had around the ESR and surveys were filled in as above. We also asked an additional question: *what concerns would you have about developing joined up health and care in localities?*

The responses are as follows:

“Making the public aware of what is available in their locality.”
“Each locality should have at least 3 specialist areas for that locality.”
“The system must be supported by the local GPs.”
“Who has the responsibility for the funding if social care and health join together who is accountable for the money?”
“The system needs to be fully staffed with continuity staff.”
“Whether the different organisations have the appetite to see through this process, when they could lose out on their survival? Funding cuts?”
“Consistency across the system in the process of social care arrangements after a patients discharge.”
“Becoming overcrowded and not having enough health care and social care staff to cover all patients.”
“Patient education/awareness, how they access services, who can help them.”
“Understanding demand on services including new builds and developments (planning).”
“Continual working in partnership with truly pooled budgets.”
“Balance social model - medical model - needs understanding.”
“Transport and concentration worries, will I get there.”
“Overlapping services / efficiency.”

At the **Voluntary Sector Conference** held on the 22nd September 2016, Healthwatch Thurrock and TCVS facilitated group discussion between professionals and the public around how organisations in Thurrock can work together with a more joined up approach across the Public and Voluntary Sector. Around 150 people attended the event.

Two main questions were asked to those that attended:

1. What are the major challenges you face for the next 12-36 months as a; Provider, Individual or Voluntary Sector organisation?
2. What can be done differently by working together to meet these challenges?

Challenges	Ideas	Theme
CAT/lease / bureaucracy	The will to share and co-operate	Bureaucracy
SVA - how well implemented balance of cost/value	Sector must challenge poor practice	
Service specifications are focused to narrow	Make systems easier to help	
Red tape - blockages between the council and voluntary sector. Things have got worse, difficult to get hold of council officers. Unsure where to send people.	Need collaboration vs competition	
Bottle necks	Working together	
	Share resources	
	Removing barriers to sharing information	
	Renew service specs	
	Stop revolving door	
	Better integration	
	All commissioners + managers should have to work for NHS + Social care as one organization	Communities
	Work together	
Providing the same level of support in communities	Holistic provision	

Connecting people into their communities	Hubs(s) providing more up to date information		
Increased footfall in the community hubs	Build stronger relationships		
Perceived community safety and fear of crime	Stress holistic nature of the VCFS		
Community input into the new agenda	Community engagement opportunities		
Communications/ have a conversation with communities how to make it happen			
Increased demand on health and social care services. Also our education system.	Better weighing systems	Finance	
Limitation created by criteria / funding restrictions/ areas /boundaries	Fair share on return		
Providers unable to pay living wage	Make all council provision - spun-out run by the people		
Commission too low @£13.00ph	Raise money locally		
Day care for people with mental health - has reduced due to funding challenges, some people are now 'lost' prevention	Follow the compact - use procurement to favour - local partnerships, social value, innovation		
Less money - more demand	Reduce the waste		
Changes to funding policies			
Grants vs contracts			
Income and sustainability	More subsidies for public transport		
Funding - keeping 'fabulous' projects that make a difference			
Sustainability of staff	An army of early retirees		Staff and volunteers

Not enough staff	Beat bobbies - community bobbies	
Volunteer recruitment	Named individuals to help/solve problems (Thurrock Council and Health sector etc)	
Paid staff, reliable, recruitment / retainment	Foster adults	
Keeping and attracting volunteers - "used as well as not instead of paid staff"		
Lack of volunteers /getting people involved		
Capacity within groups		
Loss of knowledge of Thurrock people when they move on.		
Improving communication, getting the message out	Better signposting (knowledge of services, training awareness, CCG working with the voluntary sector to inform IT hub)	Publicity communications
Libraries publicity and offer - digital/electronic library	More easy read and plain English	
Better publicity for the voluntary sector - budget	Increased awareness and publicity	
	Better communications	
	Stronger Together Campaign	
	Better awareness of what is available - "you don't know what you don't know"	
Lack of support structures		Infrastructure / transport
Getting around the Borough		
Premises - space		
IT systems		
Closing of services e.g. library, lack of privacy		
Reducing resources		
Better use of space and		

facilities		
Filling vacant rooms		
Public transport		
Lack of facilities (for example community assets)		
Hospital bed stays		Health
Defining 'health inequalities'		
Improve minor injuries at Orsett		
Sent to A&E		
What if you have no shared records		
Disabled access to facilities		
Social isolation - young and not so young	Social prescribing	
GPs and pharmacies linking		
Opportunities for moving services out of hospital that do not need to be there.		
Delayed discharge - awaiting ASC assessment		
Transport - especially hospitals - Any minibus hire, practical help (assistance)		
Expectations - unrealistic		
Provide what people want - not what the family want		
Motivation		
Treated as an individual		
Housing crisis - pressure on existing residents	Thinking differently	
Sustainability - keeping organisations vibrant, advice sector	Leadership and vision	
Using the right methods	Prevention	

	<p>Making sure the voluntary sector is key in the JSNA such as child sexual abuse, sexual violence, rural isolation</p>	
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Figure 4: Engagement Activities around the ESR



Summary

Healthwatch Thurrock went out and spoke to hundreds of Thurrock Residents about the ESR and the changes to expect affecting Thurrock. A total of 235 people filled out our survey enabling us to gather the views and voices of many residents over this period of engagement. We spoke informally to many more people, and were able to inform them of the proposed changes and gather their views at the two events hosted by Healthwatch Thurrock and Thurrock CVS.

It is clear that people understand the need for the health and social care system to undergo improvements in order to address the current pressures on the system, such as: the NHS funding deficit in Essex, population growth and an ageing population in Thurrock. Over **90%** of people we spoke to agreed that there needs to be systemic changes.

Thurrock residents recognise that having a more joined up health service not only has financial benefits but creates greater confidence of the system itself. People's greatest concerns were around the health and care system not being adequate enough to support them and care for them when they become ill. The quality of that care was also a concern. It is known that there is a shortfall of GP's Thurrock currently, this has led to growing waiting times and difficulty getting GP appointments hence "*improved waiting times*" and "*accessing services made easier*" being high up on the agenda when people were asked what one thing they would change about the health and care system.

The feedback from both events shows that there are various challenges that are wider than just issues around the local health services. Concerns were raised such as community issues, infrastructure and transport concerns. These challenges may be partly addressed through better joined up working across communities and organisations in Thurrock.

Appendix 1: Engagement Activity

Table 4: Date, Activity, Borough Location and Number of Completed Surveys

Date	Activity	Borough Location	No. of Surveys completed
26/07/2016	Big Lunch Event	Grays	1
28/07/2016	SHC - O'Donoghue House	Stanford Le Hope	6
28/07/2016	SHC - Freeman Court	Stanford Le Hope	12
28/07/2016	Public ESR Meeting hosted by Healthwatch Thurrock and NHS England	Grays	21
02/08/2016	Aveley Library Coffee Morning	Aveley	6
02/08/2016	SHC - Alf Loewen Court	Chadwell St Mary	11
04/08/2016	Tilbury Forum	Tilbury	10
09/08/2016	Tilbury Fest	Tilbury	9
10/08/2016	SHC - Arthur Barnes Court	Grays	16
17/08/2016	South Ockendon Hub Family Fun Day	South Ockendon	4
12/08/2016	Post	Grays	1
18/08/2016	SHC - Helford Court	South Ockendon	4
18/08/2016	SHC - Benyon Court	South Ockendon	3
18/08/2016	SHC - Broome Place	South Ockendon	7
22/08/2016	SHC - Attlee Court	Grays	0
22/08/2016	Stroke club	Grays	17
24/08/2016	Tilbury Hub	Tilbury	6
25/08/2016	Thurrock Council	Grays	4
25/08/2016	SHC - Piggs Corner	Grays	9
30/08/2016	SHC - Bellmaine Avenue	Corringham	14
30/08/2016	SHC - Kynoch Court	Stanford Le Hope	4
01/09/2016	SHC - Jack Evans Court	South Ockendon	9
01/09/2016	SHC - Crown Court	Tilbury	21
02/09/2016	Drop in Session Tilbury Hub	Tilbury	4
05/09/2016	SHC - Harty Close	Stifford Clays	3
05/09/2016	Over 50's club, Cowdray Hall	Grays	11
07/09/2016	SHC - Frederick Andrews Court	Grays	12
08/09/2016	Over 60's Club Thurrock Rugby Club	Grays	34
19/08/2016	Batias Zero Five Club	Grays	23
19/09/2016	SHC - Airey Neive	Grays	1
26/09/2016	SHC - Mulberry Court	Purfleet	3
05/10/2016	Volunteer meeting	Grays	0 (group work)
07/10/2016	Tilbury Hub	Tilbury	3
Total			289



Healthwatch Thurrock

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A project of Thurrock CVS
Company Number: 4300967
Charity Number 1090253