A large, solid green curved graphic element that starts from the left edge of the slide and curves downwards towards the right, creating a sense of movement and direction. It is positioned behind the main text.

Our health, our care, our say: a new direction for community services

1 February 2006

A new direction: why?

- People recognise improvements have happened (waits, CHD, cancer). Shift now to community services: 86% of interactions are in the community, not in hospitals; 1.2m adults receive social care in England.
- Three drivers for a strategic shift:
 - **people** want further improvements to:
 - meet the way they live their lives now – access issues; meeting their whole needs
 - put them more in control and
 - ensure consistency in the quality of services across the country.
 - We need to face **future demographic challenges**
 - By 2020 twice as many people over 85 –high use/high cost group
 - 15 million people have a long-term condition; LTCs are 50% of GP consultations and 75% of in-patient days
 - people with severe learning disability may increase by 1% p.a. for the next 15 years
 - Higher obesity rates: more strokes, heart attack and Type 2 diabetes
 - New opportunities from **new technologies** (in or closer to home)

A new direction – overview



- Therefore... a shift towards
 - **Prevention**, public health and well-being
 - Tackling **inequalities**
 - More focussed support for people with **long-term conditions**
 - More services provided outside of hospitals, **closer to home**

What we heard

Better health, independence and well-being

- Need to do more on **adult social care** services:
 - increase **independence and inclusion** (transport, leisure, education)
 - Strong support for **Individual Budgets**
 - 80% of respondents to ‘Independence, Well-being and Choice’ wanted a more **preventative** approach, supporting people to remain independent
- **Health checks** first people’s priority – must be done in right way to be cost effective
- People want **help in making healthy choices**
- Tackling **loneliness and isolation** second people’s priorities (older people, vulnerable people and those caring for others)
- 61% of people at citizens summit said being given **more information** on health and services available to them locally would make a big difference.

What we heard

More responsive services with fast and convenient access

- People want services to fit the way they live their lives:
 - GP services open at **more convenient times**: more flexible around evening and early morning and Saturday morning openings. (54% of YHYCYS questionnaire respondents said later evening opening would be a big improvement; 59% said Saturday morning opening would be a big improvement)
 - People who care for others, as well as those with the greatest need for care such as older people, people with terminal illness, people with mental illness, people with drug problems, think **rapid access** for them could help prevent their needs reaching crisis point.
- Most people think priority should be given to those with greatest need and most at risk – **inequalities** remain and have to be tackled.

What we heard

Better support for people with greatest need to continue to live more independently

- Support for improving services for people with **on-going needs** to enable them to live more independently, with dignity and respect. They think this will help reduce their need for more expensive residential care and medical help in future.
- People with on-going needs want services that are **joined-up** more effectively, more personalised and more focused on the totality of their needs, with a single case manager and an integrated assessment of their needs.
- Extending the availability of **direct payments** and the **piloting of Individual Budgets**
- Significant support for the wider use of **self-assessment**

What we heard

More services available closer to home and in the community

- People concerned about **shortages in home care services** (staff shortages). People want more emphasis on exploring the potential of **assistive technologies** to support people and their carers in their own homes.
- People interested in new and innovative ways of providing hospital services in community settings e.g. **diagnostic tests and routine surgery** - provided these are safe, of high clinical quality and do not result in changes to local hospitals that make it harder for them to get convenient access to emergency or complex care.
- 45 million outpatient appointments each year; in some specialties up to 50% could be provided in community settings
- Technology can be used to monitor some long-term conditions in the home, such as diabetes, and help the individual retain more control over their health and condition.

A new direction

Address the expectations of the public:

- make health and social care services as **flexible** as possible to meet individual needs and put them **in control**;
 - shift to **prevention**;
 - locate more services in **local communities**.
-
- Build on existing programme of reform.
 - Change the way services are offered in the community around 3 themes.
 - Putting people more **in control** of their own health and care
 - Enabling and supporting **health, independence and well-being**
 - Rapid and convenient **access** to high-quality cost-effective care

What we will do (1)

Help people to make choices and take control by understanding their own health and lifestyle better, with more support on prevention and promoting their independence

- **Pilot new NHS Life Check** starting with PCT spearhead areas: help people at critical life stages assess their lifestyle risks and the right steps to take
- More emphasis on **mental illness and support to deal with isolation and depression**: pilots for older people; demonstrator sites for psychological therapies for people of working age
- **Direct Payments**: new legislation to extend to currently excluded groups
- **Individual Budgets**: pilot bringing together several income streams, giving people greater control over the type of support or care they want
- Improve **information**: “information prescription” to help people maintain their own health and choose appropriate services when they need them
- Grasp the opportunities of the 2012 Olympics through a “**Fitter Britain**”

What we will do (2)

Offer people easy access to help when they need it, in a way that fits their lives

- New initiatives to support **carers**:
 - an information service/helpline for carers
 - Establish in each council area short-term, home-based respite support for carers in crisis
 - fund the creation of an Expert Carers Programme.
- Give patients a guarantee of **registration** onto a GP practice list in their locality
- Make it easier for people to get the **information** they need to choose a GP practice and know what health and local authority services are available in their area
- Provide incentives for GPs to work in areas that are **under provided** for at present – this might include introducing new providers
- Improve access to GP practices: **more flexible opening hours; easier to make appointments**

What we will do (3)

Meet the whole of people's needs and support their well-being and health, not just focusing on sickness or an immediate crisis

- Support self care: treble investment in the **Expert Patient Programme**
- Strengthen role of a **Director of Adult Social Services**; widen role of **Director of Public Health**; more **joint appointments**
- Health and social care **jointly responsible** for understanding the needs of their communities and providing the right services to prevent ill health and support independent living
- Develop a **common assessment framework** to ensure less duplication across different agencies and allow people to self-assess where possible
- Establish **end of life care networks**, building on the pilots being undertaken with Marie Curie and other innovations

What we will do (4)

Provide care closer to where people live, provided these services are also safe and cost-effective

- A fundamental long term **shift from hospitals to community facilities, and from institutional to home-based care.**
- **Pilot outpatient appointments for common conditions** such as dermatology in the community (work with Royal Colleges to ensure the shift is based on best clinical practice)
- Encourage existing community service providers to take on more **practitioners with a special interest**
- A **new generation of community hospitals** to provide a wide array of non-urgent services in a community setting


System reforms

Underpinning reforms:

- Develop **outcomes** which apply to both NHS and social care, implemented through **Local Area Agreements**
- Align **performance measures, assessments and inspection**
- Align **planning and budget frameworks** between health and local authorities
- **Strengthen local commissioning**, shifting towards prevention and early support: PCTs and LAs; Practice based commissioning and Individual Budgets
- Unbundle the **tariff**
- **Encourage practices to expand** by helping with expansion costs and making more money follow the patient
- Clarify **roles** of social enterprise, not for profit and independent sector providers

Conclusion

- Major strategic shift to meet future challenges: people's future needs (the way people live their lives; demographic change), grasp new opportunities (new technologies)
- Implementation driven locally; enabled nationally
- Chapter 9 high level implementation plan to 2008
- Now working on more detailed planning.

A large, solid green wave graphic that starts wide on the left and tapers to the right, positioned behind the main text.

Our health, our care, our say: a new direction for community services

Sarah Gant – White Paper communications lead
1 February 2006

WP stakeholder communications



- ‘Independence, Well-being and Choice’ consultation – 100,00 people – local and national activity
- ‘Your health, your care, your say’ listening exercise – 42,000 people – local and national activity
- ‘Your health, your care, your say’ resources website
- Regular YHYCYS briefing emails
- National stakeholders events
 - Café Royal
 - Local Government Association

WP communications



- Brand new bulletin for social care staff
- Special bulletin for all staff audiences
 - Key messages focused on particular staff groups
- Full range of publications
 - Full easy read document (a first for a DH White Paper)
 - Summary document aimed at the public
 - Accessible versions including translations, braille at large print
 - All documents published on the DH website www.dh.gov.uk

Comms Link

www.nhscommlink.nhs.uk



- White Paper briefing
- 30 January White Paper press release
- White Paper media briefing issues
- White Paper core script
- White Paper one page summary
- White Paper key messages

Resources website:

www.dh.gov.uk/ourhealthourcareoursay

Communications actions

- Feedback to patients, public and staff who took part in the 'Your health, your care, your say' listening exercise and 'Independence, Well-being and Choice' consultation
- Communicate key messages of White Paper to staff, patients and public
- Build White Paper references into your local scripts and news stories (e.g. opening of new LIFT scheme)
- Check which White Paper initiatives are being implemented in your area (NHS Life Check, Spearhead PCTs, Partnerships for Older People)
- New working relationship between health and social care communicators

Discussion

- What does the White Paper mean for health and social care communicators?
 - Greater joining up between health and social care services – how does this affect health and social care communicators?
 - What did we learn from the ‘Your health, your care, your say’ listening exercise and the ‘Independence, Well-being and Choice’ consultation about joint NHS and social care communications?
 - How can DH communications directorate help to strengthen this relationship?