

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

A brief guide



Health and social care working
together in partnership

We asked you...

what changes you'd like to see in the health and social care services in your community. More than 140,000 people responded, through surveys, questionnaires and listening events, and these are some of the things you told us:

"I'd like to see extended opening hours at GP surgeries, including weekends. I work from Monday to Friday, so it is very difficult for me to see my doctor"

"My father was visited by four people from social services who asked him the same questions. It was a waste of time"

"It is humiliating for an independent and proud older person to have to plead his or her case over and over"

"We need a lifelong health programme for everyone"

"The health service should do more to help people with mental illness – not just prescribe medication, but give people the support they need to recover"

"A local leisure centre has been designed with disabled access, but there is not the transport to reach it"

"I'd like to see hospitals back in the community, run for the community"

Introduction

Last year, thousands of people took part in two of the largest listening exercises on public services ever held in this country. We asked you to tell us what you want from health and social care services and I was impressed with the energy and enthusiasm you gave to this. I spent the day at our biggest listening event, the Citizens' Summit in Birmingham, and heard how much you value your relationships with health and social care professionals, but also how frustrating it is when the system seems to work against you, rather than for you. Your answers gave us great insight into the changes that need to be made, and in the Government's White Paper (a declaration of its intentions for the future), 'Our health, our care, our say: a new direction for community services', we show how we're going to make them.



It's clear you want care built around people, care that helps them take control of their lives and their well-being. You've also asked for support that reaches out into communities and homes when needed. I'd like to thank everyone who took part. Your thoughts have been invaluable in helping us look to the future.

Many reforms are already under way. The improvements in the White Paper will build on these. By looking at people's whole lives, not individual problems, and fitting services around their needs, we will help them live healthier, more independent lives.

A handwritten signature in black ink, appearing to read 'Patricia Hewitt'.

Patricia Hewitt
Secretary of State for Health

You told us...

“This is what we want”

In 2005, more than 140,000 people shared their thoughts, ideas and concerns with us, through questionnaires and surveys, interviews and listening events. This information helped to build up a picture of how you feel about health and social care services – the things that you’re happy with, and those that need some attention.

The newly published White Paper ‘Our health, our care, our say: a new direction for community services’ explains in detail the improvements the Government is going to make, why it feels these changes are necessary and the steps it’s taking to make sure they happen, backed up by research figures and statistics.

This is a summary of the White Paper, a snapshot of the developments you can expect to see over the next five years. There’s too much happening for us to be able to cover it all here, so we’ve concentrated on the points that scored most highly in our listening exercises – the areas you feel most strongly about – such as helping people to take better care of their health and providing more support for carers. We’ve also included examples of some of the great initiatives that are already making life better for people across the country.

Sabnam Ullah, 32, has improved her family's health by taking part in the Healthy Lifestyle programme run at Bromley-by-Bow Healthy Living Centre in East London



“I’ve learnt a lot, which I’ve shared with my mother and sisters,” says Sabnam. “It’s made a huge difference to the health of all my family.

“There’s a history of diabetes in my family, so I wanted to reduce my weight and my risk. Diabetes is a big problem in the Bengali community. We used to eat at 9pm and we ate lots of rice, potatoes, naan or chapati. Now we eat earlier, have cut down on carbohydrates and eat more vegetables and fish.

“I enjoy the exercise, too. I’d never be able to go to a gym as it’s so expensive, but the centre’s really happy and a great place to socialise.”

The GP surgery at Bromley-by-Bow Centre is one of about 100 services, which include exercise sessions, complementary therapies and art classes, all in one location. “This is a holistic practice,” says Dr Julia Davis, GP and Deputy Director of the Community Development Project. “Many factors affect people’s health. By teaching people what makes them ill, we help them to manage their own care.”

Mental well-being

You told us...

“Well-being is about more than your insides. If you are depressed, you don’t look after your body. People don’t go out when they feel this way, so they need telephone support, or professionals who will come to their home”

Here’s what we’re doing...

Emotional well-being is vital if we’re to get the most out of life, for ourselves and our families. On a day-to-day level, we will promote the steps you can take to maintain good mental health, such as exercising, eating healthily and spending time with friends.

We are making ‘talking’ therapies available to more people, to help combat stress, depression and anxiety, and will make sure there are clear standards for these services. We are carrying out pilot studies to find the most effective ways of dealing with mental health needs, from anxiety and depression to more complex conditions such as dementia.

People in vulnerable situations are often more at risk of mental health problems. For instance, older people who live alone can suffer from loneliness and depression, as can people who care for family members or friends who are ill or have disabilities. In future, they will be offered more support to help them to live happier, more fulfilled lives, and feel valued members of the community.

Rita Dove is the Mental Health User Development Co-ordinator for the SUN (Service User Network) at Bow, London, and has attended mental health groups herself



“We get a range of issues here that I have to help with. Often it’s a question of just trying to help build up someone’s confidence. At other times, someone might not be aware of what they are entitled to beyond help for their direct mental health problems.

“One man, who attends one of the groups, is homeless, so I’ve been taking him to the homeless services. He had no idea what he had to do and was really quite ill, but didn’t have the confidence to do anything about his situation.

“People who come here are very vulnerable, but I try to encourage them to take responsibility for themselves, even in the smallest way. One person now does the washing-up here and gets paid £5, and that has started to help them build up their self-confidence.”

Easier access to services

You told us...

“I’d like to see extended opening hours at GP surgeries, including weekends”

Here’s what we’re doing...

You want rapid access to your GP at convenient times and a service that’s built around you. In future, many GP surgeries will stay open longer and open on Saturdays. There will be more new surgeries, especially in areas where few exist now, and it will be easier to register at a surgery. Practices should give you a doctor’s appointment within 48 hours, or an advance appointment if needed. You will also have the right to see ‘your’ GP, but you may have to wait longer.

Registering at more than one surgery was considered in the listening events, but we are not going to do this because it wasn’t a priority and people were concerned about continuity of care. However, NHS Walk-in Centres already give easy access to treatment on demand, and more of these are opening in commuter areas around the country, making it easier to see a GP or nurse.

Lorraine Elliott from Blackburn North District Nursing Team helped to set up a mobile clinic for men, especially those from ethnic minorities, many of whom don't speak English



“We wanted to move away from the health centre into other places such as mosques or community centres, where we’d be more likely to reach people. We’ve been able to give advice, or help them find the right person to go to if they have a particular health problem. The feedback has been very positive.”

Asif Hussain, 37, was so impressed with the service provided by the clinic that he encouraged his family and friends to try going there, too.

“I’d only go to the GP if there was something seriously wrong,” says Asif. “With the clinic, I walked straight in and had a one-to-one conversation with the health professionals. It was confidential and I could ask questions. They checked my weight, height, BMI (body mass index) and blood sugar, and gave me lifestyle advice. I’d definitely go again.”

Bringing care to the community

You told us...

“I’d like to see hospitals back in the community, run for the community, rather than large central hospitals that are miles away from home”

Here’s what we’re doing...

By bringing health into the local community and linking it more closely with social care, we will make it easier for people to get the help they need. We are building new, modern NHS community hospitals over the next five years, providing diagnostic services, day surgery specialist clinics, social services and outpatient facilities that are closer to our homes and workplaces.

There will be more NHS Walk-in Centres and better access to out-of-hours, mental health, sexual health and other services, such as physiotherapy. There will be a growing number of GPs with Special Interests, offering specialist care. We’ll see more of the innovative schemes that take consultants out to community-based centres. In social services, we will focus on helping people to continue to live at home and giving them greater choice about the help and support available.

Gemma Ford, 22, has dialysis treatment three evenings a week at a special unit that is attached to Ashfurlong GP surgery in Sutton Coldfield



“I’ve needed dialysis ever since an auto-immune disease attacked my kidneys. The treatment itself takes about four hours. I started having dialysis at Heartlands Hospital in Birmingham, but it used to take me 30-45 minutes to get there by car. Now that I can go to Ashfurlong, it takes me only 15 minutes.

“Being able to have dialysis locally has made a big difference to my life. I was very lucky – I got a slot on the twilight shift, which starts at 5pm. The later opening times mean that I can still do a full day at work, which I couldn’t before, as my appointments in Birmingham were always during the day.”

Better information

You told us...

“It takes a long time to get health and social care services as people don’t know where to look”

Here’s what we’re doing...

Our challenge is to make it easier for everyone to get the information they need. Much of it already exists – at www.nhs.uk, for instance, and NHS Direct, which gives advice by phone and information through the internet. However, not everyone knows what information is available and not everyone has access to the internet.

In 2006, we are looking at the health and social care information we provide and making sure people have the information they need, when they need it, and that it’s available in various formats.

In future, everyone who has a long-term need, and their carers, will be given an Information Prescription. This will help them to take better care of themselves by providing information about their condition and telling them where to get more information. By 2008, this should go routinely to everyone who needs it.

We know that you would also like combined information about local social care and health services, and we’re currently running projects to find the best ways of doing this.

Angela Kenney is a Health Visitor who works at the Cheetham and Crumpsall Welcome Centre, a resource for people new to the area



“The aim is that anyone who walks into the centre feels really welcome and is greeted in their own language. People can find out about benefits, find support on parenting issues, get help accessing health services, learn how to get their children into school, sort out housing problems, find out about other local services and get employment advice. All the expertise is there, on the spot. We have a play area and there are activities for older children in the holidays.

“People discover that they are entitled to benefits they haven’t claimed, they find out about services they didn’t know were there and they get help with finding employment.”

For Sinita Kaur and her family, the centre is a lifeline. She says, “I heard about the centre from my health visitor. My family was getting racist abuse and my children were frightened. Coming here gave me lots of support at a difficult time and I made new friends. The advice worker helped us to get re-housed and my husband talked to the employment advisor and now he's in work. Life is so much better.”

Improving health

You told us...

“We need a lifelong health programme for everyone”

Here's what we're doing...

You made it clear that you want more help and support so that everyone has the chance to improve their health and well-being.

We all want to stay healthy and active for as long as possible, and our aim is to help everyone do just that. We are introducing a new NHS 'Life Check', which will help everyone take charge of their own health and well-being. 'Life Check' will be an assessment you complete yourself. If the results show you are at risk of poor health, you will be able to talk to a Health Trainer about the help available from local services, specialist services, referral for further medical advice and a Personal Health Plan.

We are promoting local projects that encourage people to exercise, eat healthily and combat mental and physical health problems. Healthy living services will be available from many different places. These will include local surgeries, pharmacies, voluntary organisations, leisure and community centres, sheltered housing, children's centres and schools.

Gary Buncher, 42, joined FAB (Fit Active Buddies) on Braunstone housing estate, Leicester. He is now fit, four stone lighter and secretary of Calorie Killers



“Before FAB, all I did was go to work, watch telly and have a few beers. I was hugely overweight. Now I swim for two hours, five times a week. Every Wednesday evening I go to Calorie Killers, our exercise and nutrition group. We have 45 minutes of exercise and 45 minutes on healthy eating.

“It has had a big impact – one guy who’s diabetic has been able to control his diabetes better and he takes less insulin since joining. We’re starting training courses in badminton, football and basic food hygiene. I’ve also done a course qualifying me to give nutritional advice to people such as diabetics.

“My family say I’m a better person to live with. I feel better about myself and actually enjoy getting up in the mornings.”

Care for people with ongoing needs

You told us...

“My friend, who had a stroke, is now at home. He’s bored to tears as there’s not much he can do. He has many needs – especially support to keep his mind going”

Here’s what we’re doing...

More than 15 million people in this country have long-term health needs. Some, such as people with asthma, can manage their own care much of the time. Others need continuous assistance. We aim to provide better support for everyone with long-term needs, and to help them maintain their independence and lead fulfilled lives.

We will be introducing Individual Budgets to give people more control over their social care and more say in the type of support they receive. By 2008, all Primary Care Trusts and local authorities should have established a joint health and social care team to help those with long-term needs. Anyone with ongoing needs who wants a Personal Health and Social Care Plan will be offered one as part of their integrated care package.

We will support innovative services for people who have ongoing conditions and will improve their quality of life, dignity and economic well-being.

Doreen Shepherd, 68, moved into Reeve Court Retirement Village in Rainhill, St Helens, Merseyside, 18 months ago, and takes a keen part in the activities on offer



“I’m very happy that I moved to the village,” says Doreen. “There’s lots to do. I belong to the choir, the knitting group and the discussion group. I’ve made lots of friends here and feel very secure.”

While Reeve Court was being built, the managing company, Extra Care Charity Trust, worked in partnership with the local authority to find older people who would benefit from this active, independent environment.

“There are lots of people in residential and nursing care homes because there’s nowhere else for them to go,” explains manager Lesley Blowers, “when, with the right support, they could live independently.

“While we were building the village, we gave people information about it because, together with the local authority, we wanted to give older people a choice. Social services identified people in residential care who they thought would benefit from the environment we offer.”

Help for carers

You told us...

“People who care for others are often under a lot of stress – they should have more support”

There are six million carers in this country, many of whom find that their health, well-being and income are affected as their caring responsibilities increase. To help relieve the pressure on carers, we are introducing new ways of offering them support. We are creating an information service or helpline for carers to provide them with reliable information, so they know what support is available for them and the person they look after. Every area will have short-term, home-based respite support for carers in crisis or emergency situations. There will also be funding to provide training for carers. We will further strengthen these steps by updating and extending the Prime Minister's 1999 Strategy for Carers, which will promote, among other things, carers' rights and grants.

**Dilwyn James is
Centre Development
Manager of the Sefton
Carers Centre,
Merseyside, which
offers support and
advice for carers and
emergency respite
care in times of crisis**



“Our main focus is the carer, rather than the person they care for. But we take a holistic view of the situation. We have a broad range of services here, such as therapies to help deal with stress and counselling support, and we offer advice on welfare rights for the whole family.

“We work closely with health and social services. We liaise and negotiate packages of care for the cared-for person and this helps the carer because they’re supported with good-quality services. There’s a sitting service, so that carers can go to the hairdresser or to lunch with friends. They can also use us as a contingency plan for emergencies – team members can be at a carer’s home within an hour of them calling us.”

Joined-up care

You told us...

“There should be more co-ordination between the health service, social care and the local authority. There needs to be more communication between them”

Here's what we're doing...

One of our main aims for the future is to make sure that health and social services will work together and share information to give 'joined-up' care to the people they work for. Services will share information about the people in their care so that health, housing, benefits and other needs are considered together. By 2008, anyone with long-term health and social care needs should have an integrated Personal Health and Social Care Plan, if they want one. All Primary Care Trusts and local authorities should have joint health and social care managed networks and/or teams for people with complex needs. We will also be building modern NHS community hospitals, which will offer integrated health and social services (see page 10).

Sister Brenda Tompkins has been part of the at-home nursing team STARS (Short Term Re-ablement Service) since it was launched in Somerset in October 2004



"We cover a radius of nine miles from South Petherton Hospital and provide care for seven days or more after people leave hospital, which means they can return home and regain their independence. You get into people's homes and see all sorts of things that need doing. They may need a new piece of equipment, for instance. We work very closely with district nurses, social workers or even the fire safety people. The ambulance team might ask us to check on people over the weekend. We also do night-sits for people who are on a 48-hour trial home from hospital and who aren't sure if they're safe to be at home.

"There's a big difference for patients from being in hospital to being on their own. How do you carry a cup of tea when you're walking with a frame? Working out the right pills to take can be quite hard if you have to do it on your own. We want people to be able to stay in their own homes if that's what they want."

Round-up – and what we'll do next

You told us...

"I think whatever changes you make to the NHS, they should be the same across the country"

This summary can't include everything from the White Paper – there are so many plans to improve services that there simply isn't room to look at them all. So you will see changes not mentioned here.

We know that the quality of the services you receive is important. We are introducing new measures to ensure that the treatment and care you receive from health and social services is of the highest quality. For instance, we are introducing a national scheme of accreditation for the provision of specialist care in the community.

You also want more equality in the provision of services – the treatment and support you receive can vary depending on where you live. We're looking at ways to reduce these inequalities, so that everyone is offered the same level of care while ensuring that local services meet local needs.

A lot of work will go on behind the scenes, such as improving how we use resources and staff to develop new skills. You may not notice everything we're doing behind the scenes, but you should soon start seeing the results.

Julie Braine is manager of the Fenland Anticoagulation Service, which goes into hospitals, homes and GP surgeries to care for people with clotting problems



“We work in local community hospitals, GP surgeries and visit patients at home if they’re housebound or in a nursing home,” says Julie. “It’s a quick, easy process – most patients are in and out within five to ten minutes. They like it because they go to the same place every time, see the same team and don’t have to trek miles or wait hours to be seen.”

Peter Carré, 57, is delighted with the efficient local care he receives. “I have been taking anticoagulants since I had a heart-valve replacement in 1975,” he says. “For most of that time, I’ve had to make long journeys to hospitals and sometimes wait hours to be seen.

“The new service is fantastic. My blood is tested on the spot, I’m in and out quickly and, when I had another heart-valve replacement last June, the nurse even came to see me at home until I was well enough to attend the appointments. This new system is so much more efficient – it saves time and hassle. It has really changed things for me.”

Giving you more say

The changes we're making will give you more choice about the services you receive, which will, in turn, give you more power to influence the type and standard of service you are offered locally.

Making it easier to register with a GP, for instance, should mean that you have some choice about which surgery you go to, and the ability to improve the services it offers. In future, GP practices will have to conduct surveys of their patients, with questions on things such as opening hours, and they will have to make changes in response to the results. So if a surgery doesn't open at times that are convenient for the community it serves, and enough people say so, it will have to change.

All organisations providing health and social care services will be expected to:

- seek the views and wishes of patients and service users.
- act on these views.
- involve local people in decision-making.

We are looking at other ways of making sure that those who make decisions about the services provided can be held to account by the people they serve, and that everyone has the opportunity to give their views and share their experiences. We will also improve the way in which we collect this information and ensure that we learn from it.

Your views and your knowledge will continue to shape the services you are offered and the care you receive, just as they have in our recent consultations. We will keep listening, and work to make sure that people all over the country get the services they want and need.



How we listened

You told us...

“I think it is important that the views of the public are taken into account”

In 2005, we carried out two major consultation exercises. The aim was to make sure that we involved as many people as possible from all areas of life. We wanted to focus especially on people in vulnerable situations, who most need health and social care services, and whose voices may not always be heard.

The ‘Independence, Well-being and Choice’ consultation asked members of the public to give their views on key issues involving adult social care. The responses – from around 100,000 people – showed huge backing for a set of seven outcomes for people’s lives that social care will support:

- Improved health and well-being
- Improved quality of life
- Making a positive contribution
- Choice and control
- Freedom from discrimination
- Economic well-being
- Personal dignity

More than 42,000 people were involved in the ‘Your health, your care, your say’ listening exercise, which looked at key areas of health and social care services in the community. This concluded with a

Citizens' Summit of 1,000 people from all walks of life who came to Birmingham from across England. They debated community health and social care issues and identified their priorities for the future. Their feedback, along with that from 'Independence, Well-being and Choice', has shaped the White Paper, 'Our health, our care, our say: a new direction for community services'.

The Citizens' Advisory Panel is a group of ten people from different backgrounds and of different ages, who have been advisors and a sounding board throughout 'Your health, your care, your say'. This is what they had to say



"Thank you for giving us an opportunity to give our views. The teamwork has been fantastic. The fellowship we've enjoyed has generated some great ideas"

"It was lovely after that first meeting to come back and say, 'Goodness! They've made all the changes we suggested!' We were saying that some of the people at the big meeting were very cynical. We were cynical at first, saying, 'As if they are going to listen to us,' but you really have"



This document is also available in Braille, audio, large print and in a range of languages. The White Paper 'Our health, our care, our say: a new direction for community services' is also available in easy read format.

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