



North East London



What does good care look like to people in Hackney?

DRAFT Community
Conversation Findings
December 2023



Hackney Community Conversation

We asked local people open-ended questions about what **good health and care means to them**. At community events and in focus groups we helped local people to draw out what their own vision of good care would look like.

We took what they told us and started to identify themes, these themes eventually developed into **four pillars of good care**, or four aspects of what makes the difference between good care and inadequate care. We also looked at **the wider issues that impact good care at a society level**- the wider determinants

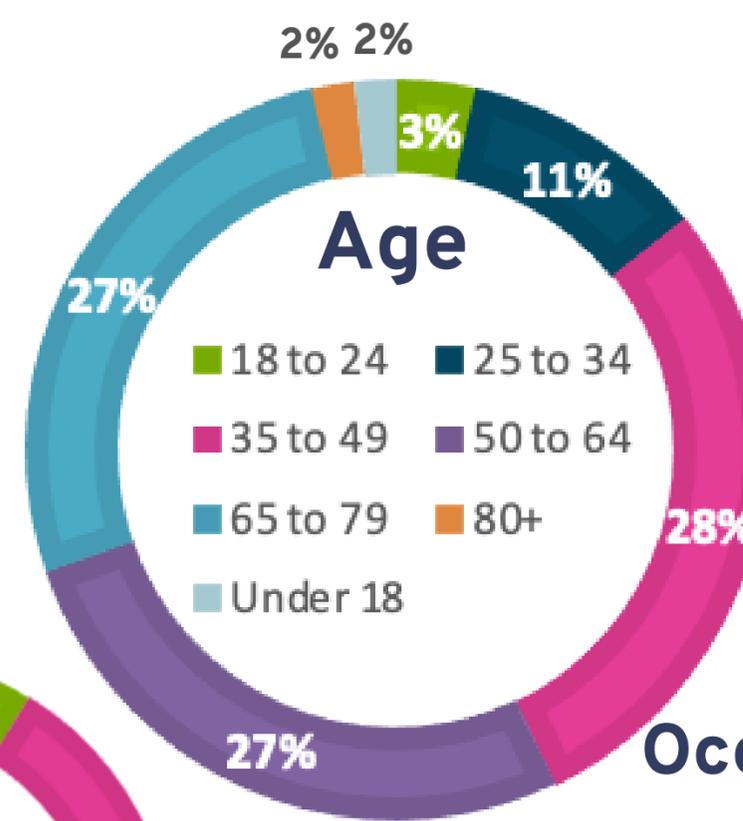
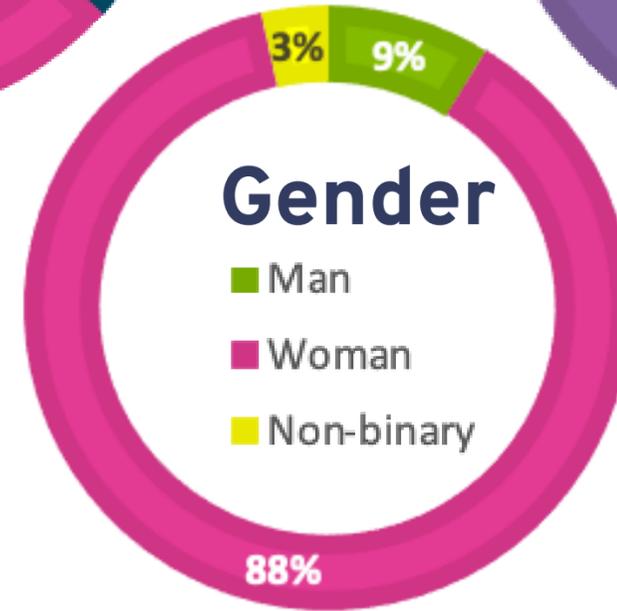
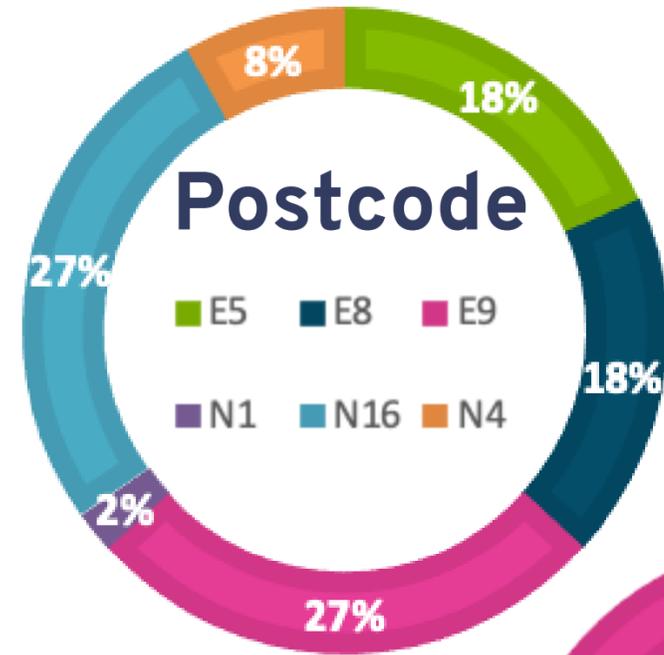
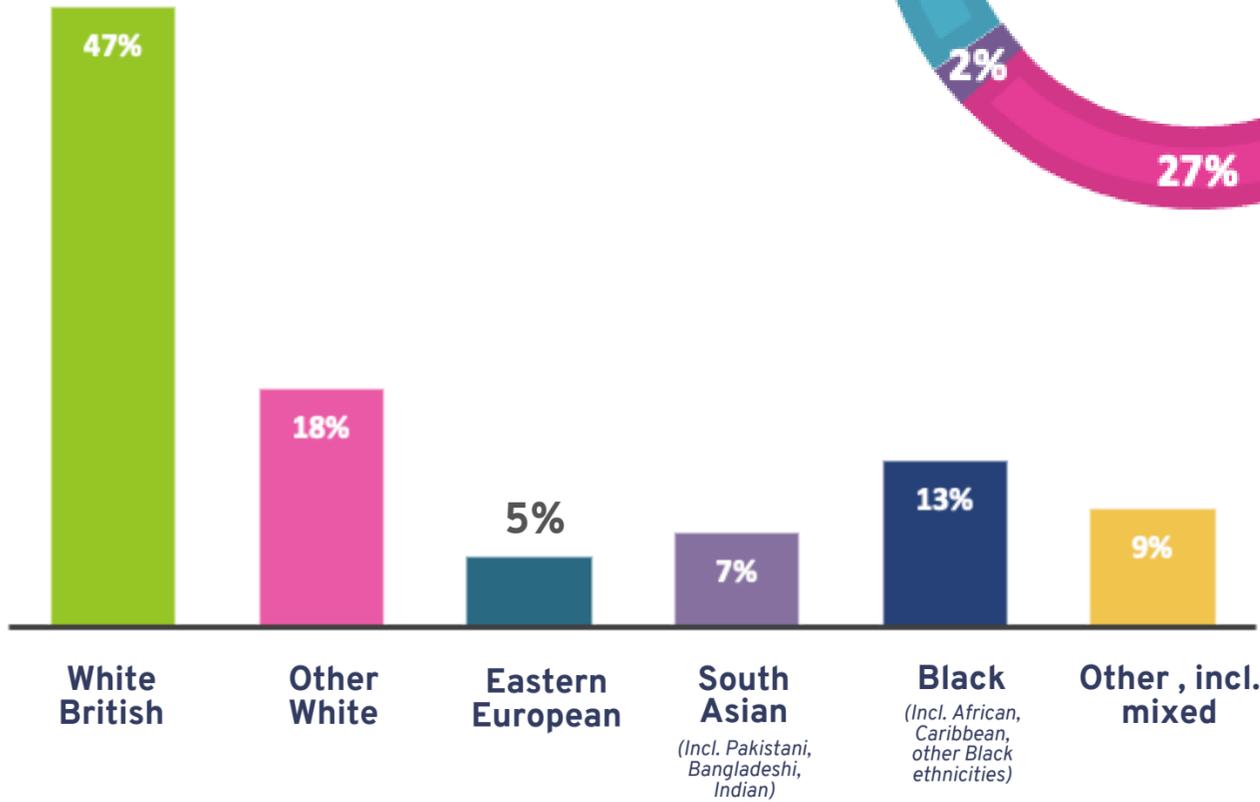


The resulting framework, informed by what local people said, can be used by stakeholders to develop their own **success measures** and evaluation tools.

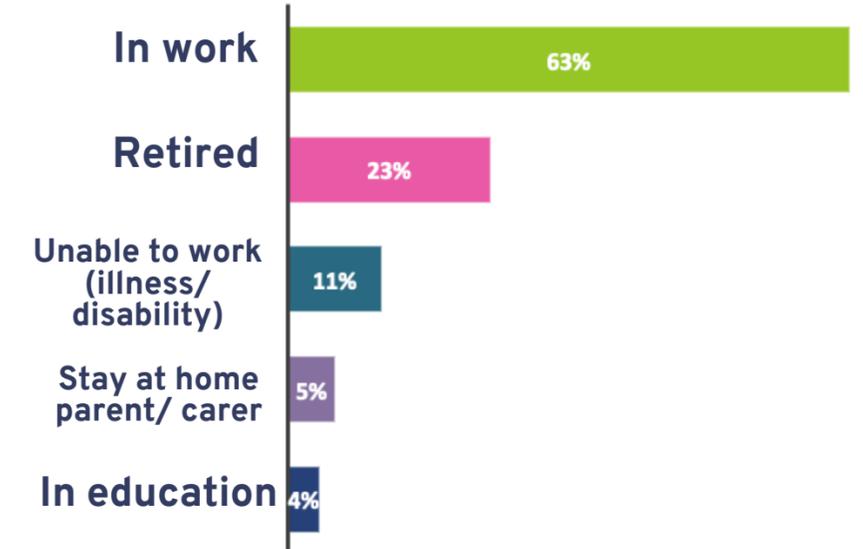
Demographics

57 respondents

Ethnicity



Occupational status



100%

were registered with a GP

93%

had used health or care services in the last 12 months

25%

were parents of a child/ children aged under 18

19%

were carers for an adult loved one or family member

11%

were digitally excluded

21%

were disabled

5%

were neurodivergent

61%

had a long-term condition

19%

were LGBT

42%

were struggling financially or just getting by

Introduction to the framework

What does good care look like?

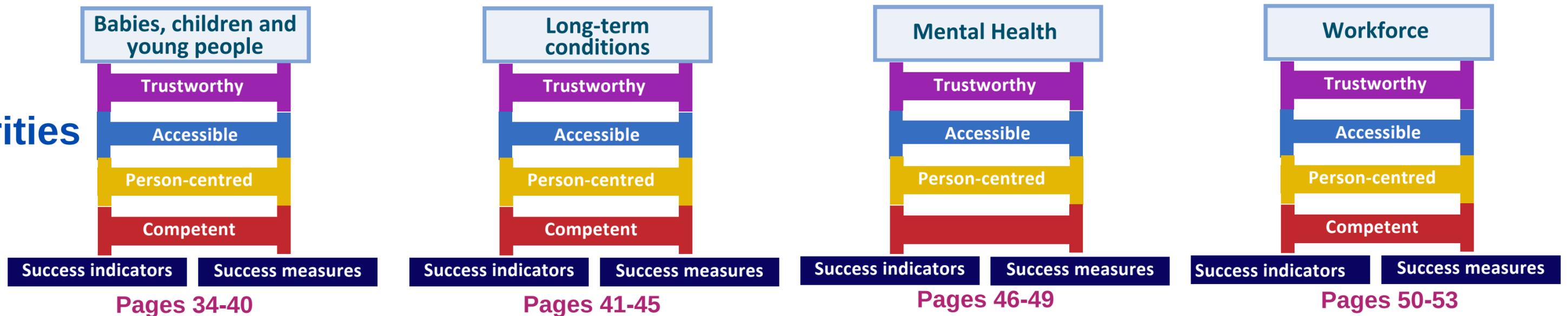
Pages 5-8
Pages 24-26



What people told us

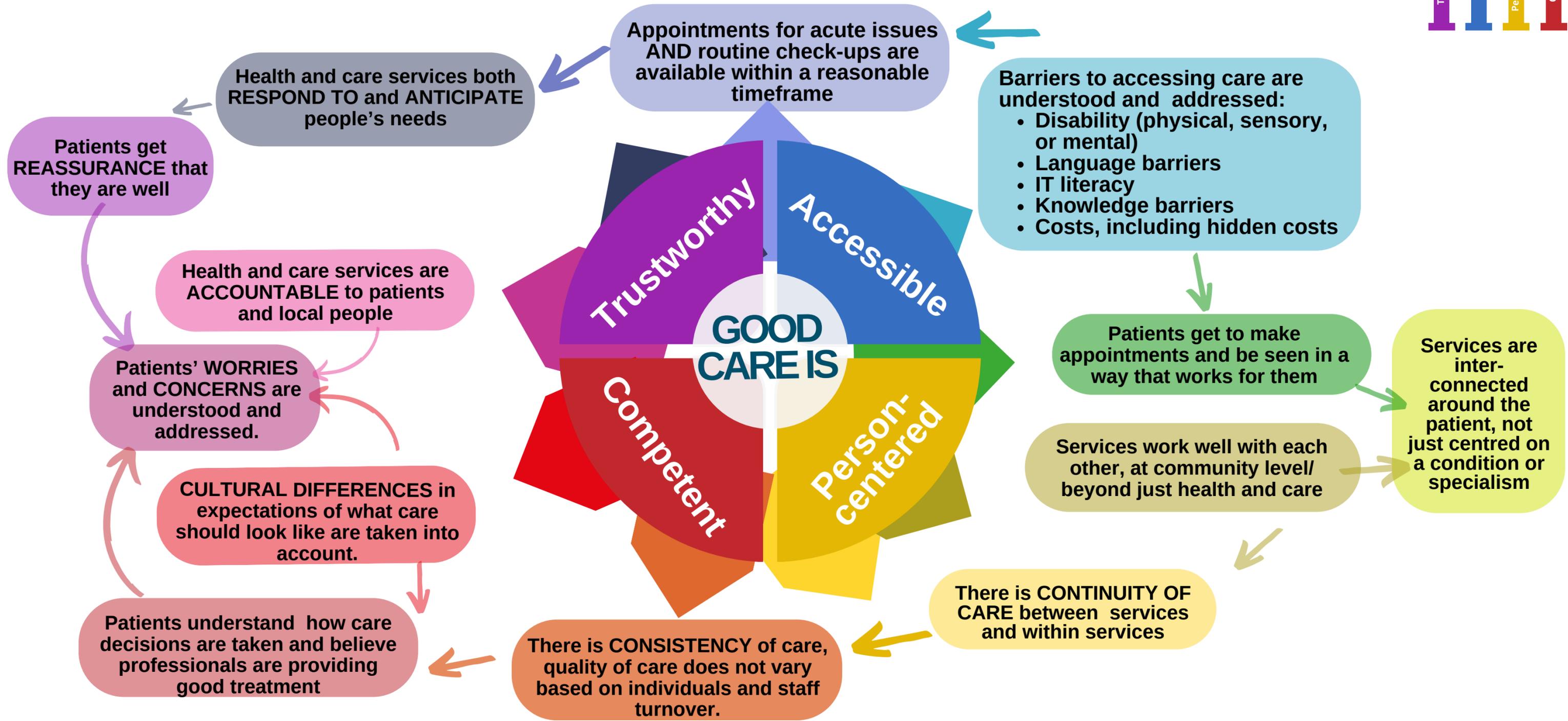


Priorities



We hope to make this report and the dataset as adaptable as possible; different sections of it can be used either separately, in conjunction with each other or with additional data. The aim is to use it as a framework from which people led success indicators and measures can be developed. There is still a lot of work to do.

What does good care look like?



What does good care look like?



Good care is: trustworthy



Good care is: accessible



Good care is: person-centred

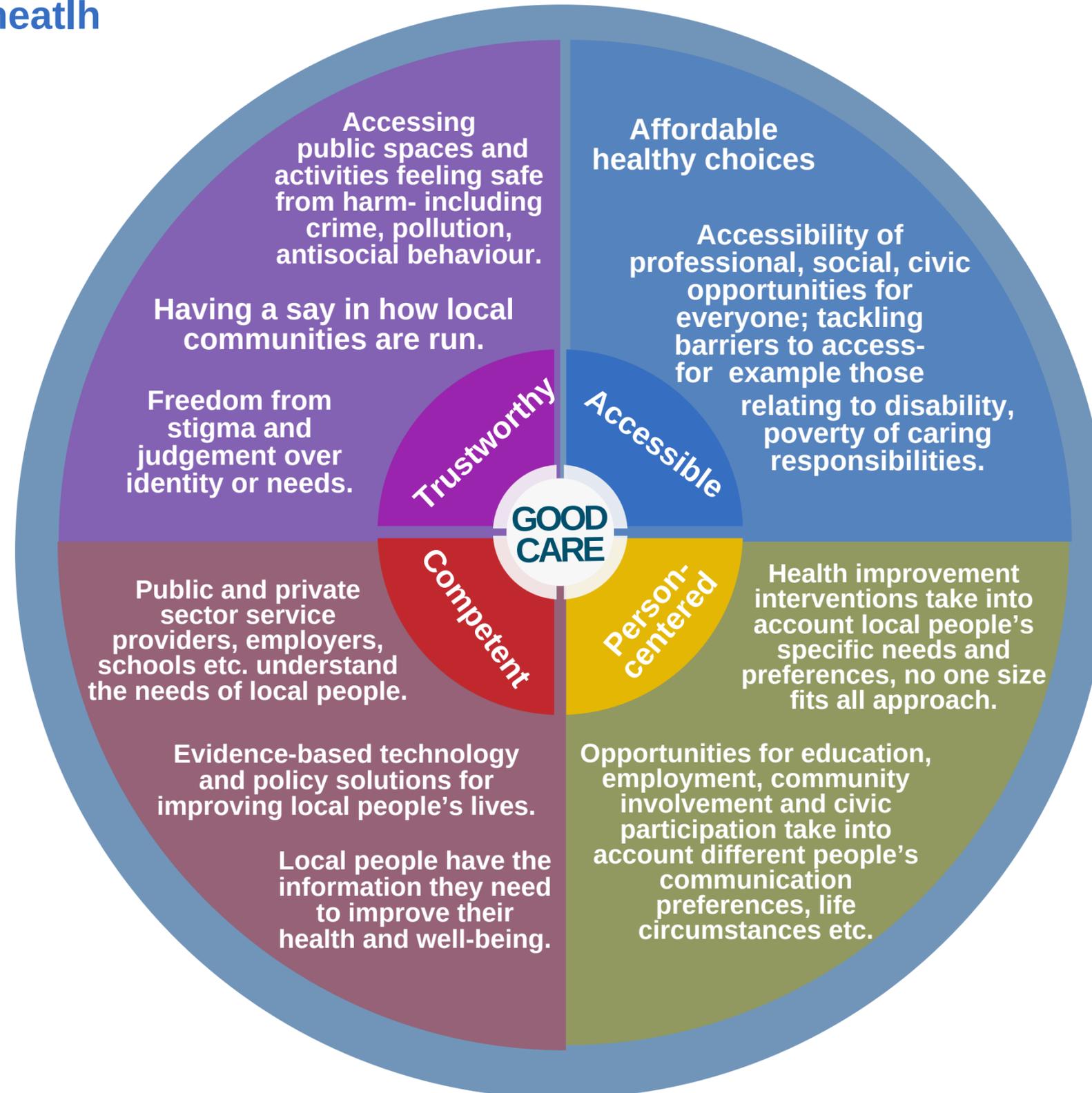


Good care is: competent

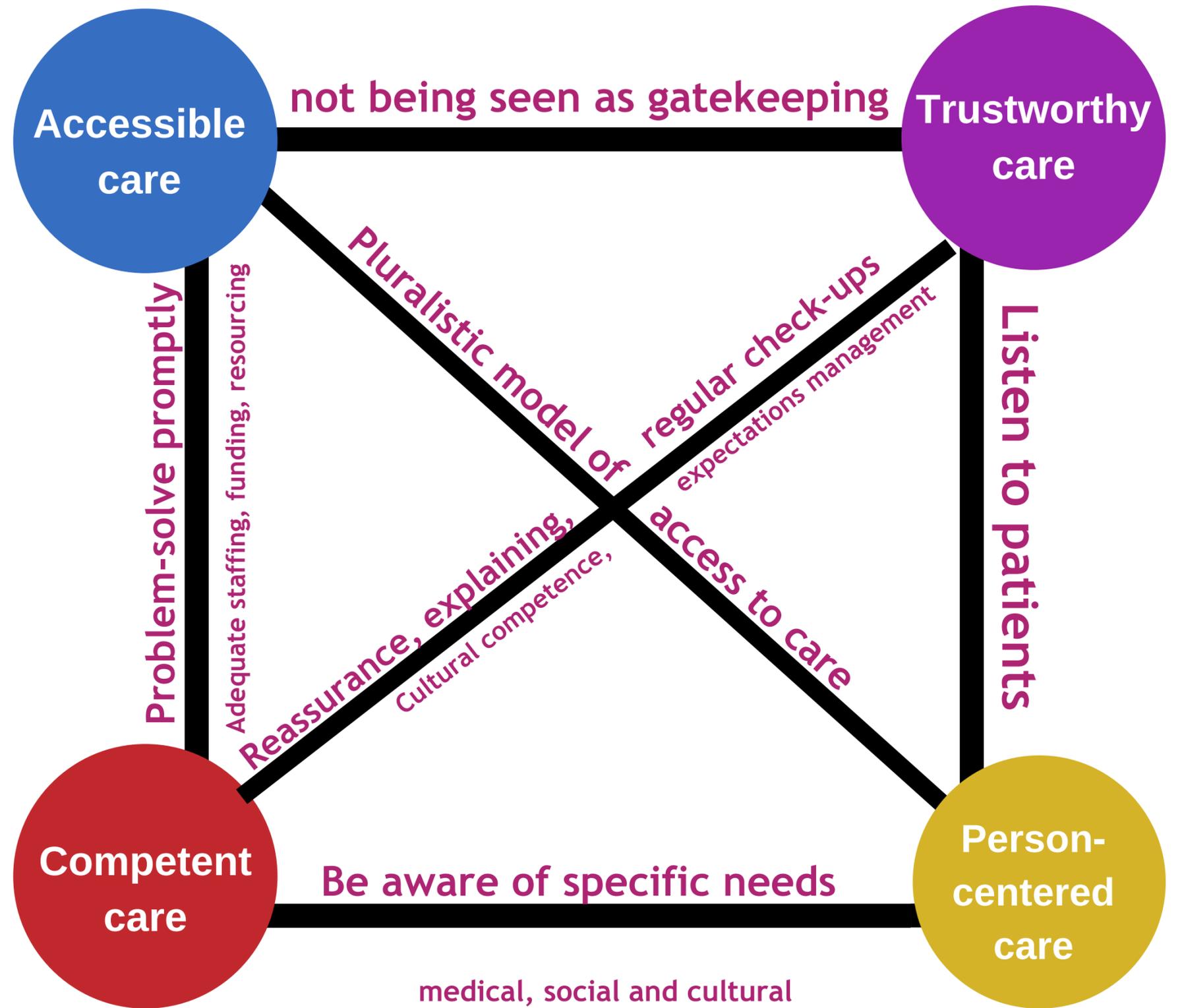


What does enabling everyone to thrive look like?

The wider determinants of health



The four pillars interconnect and impact each other.

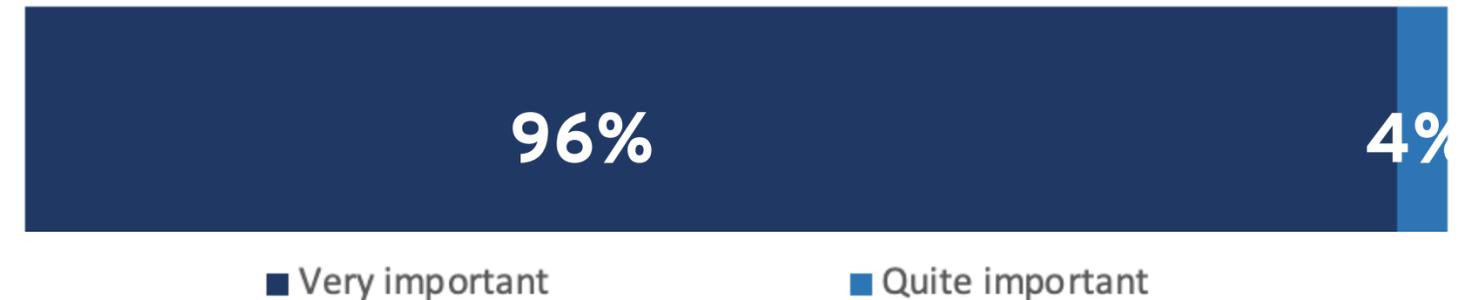


Accessible

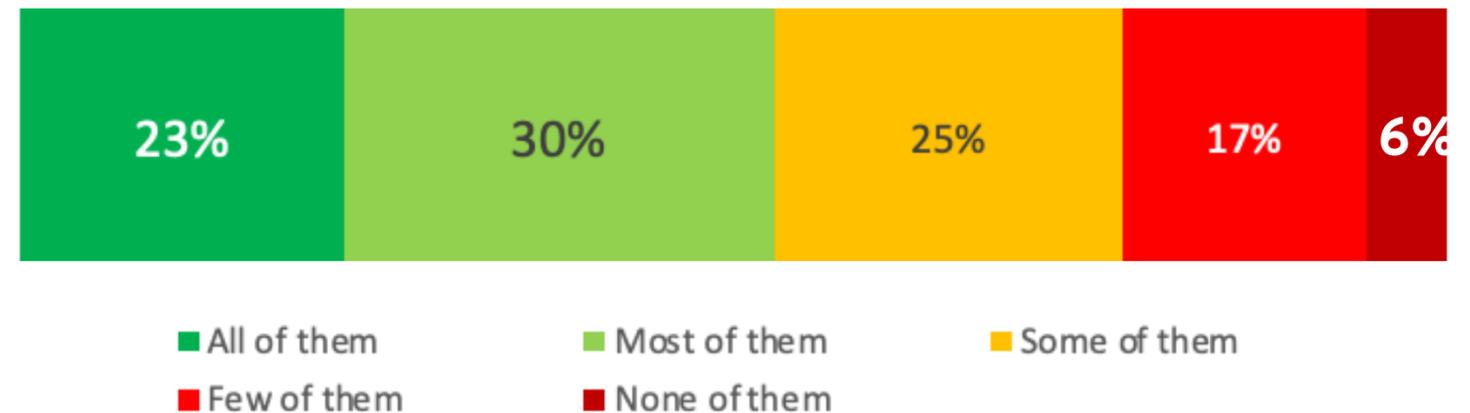


117 mentions from 81 respondents

How important is it for you:
Getting the care you need when you need it?



Professionals looking after me: are available to provide the care I need when I need it



Compared with North East London total, Tower Hamlets respondents were **somewhat more likely** to find they can access the care they need, when they need it.

What would indicate **accessible** care?

Patients can reliably access both routine and urgent care within a reasonable time frame, commensurate with their clinical urgency.

There are multiple equally reliable ways of booking appointments, taking into account both the needs of those who are most comfortable using online services and of those who are digitally excluded.

Services are available locally or within reasonably commuting distance; the needs of patients who don't drive are taken into account; and at different times, to meet the needs of patients who work full-time, as well as those who work irregular shifts/ non-standard hours and those with caring responsibilities.

All health and care services that patients need are free or affordable; no one has to go without necessary care because of the cost. Hidden costs of care are taken into account and minimised (for example: the cost of transport to healthcare facilities or of accessibility equipment).

Services understand and accommodate the needs of disabled patients; including awareness of mental health-related disability, and of complex needs arising from multiple forms of disability; as well as understanding and taking steps to mitigate any other forms of barriers to accessing care (language barrier, digital exclusion, general literacy, knowledge of the system, cultural issues, domestic violence).

Making healthy lifestyle choices is realistic for all; for example, people on low incomes and those who cannot cook for themselves still can have a healthy diet; exercise classes are available for those with limited mobility who can only handle gentle physical activity etc.

“

Good care means having access to a GP appointment when you want one, being listened to with respect and having confidence that follow up care will be available without too much delay.

What would **NOT** happen?

Patients going to A&E for issues that could have been dealt with by a GP or walk-in centre.

Over-stretched telephone lines, associated with a one size fits all booking system.

Patients paying for private healthcare they struggle to afford, because NHS care is too difficult to access.

Patients going without the care they need (dental treatments, domiciliary care, etc.) because they cannot afford it, or because they struggle with the process of accessing it.

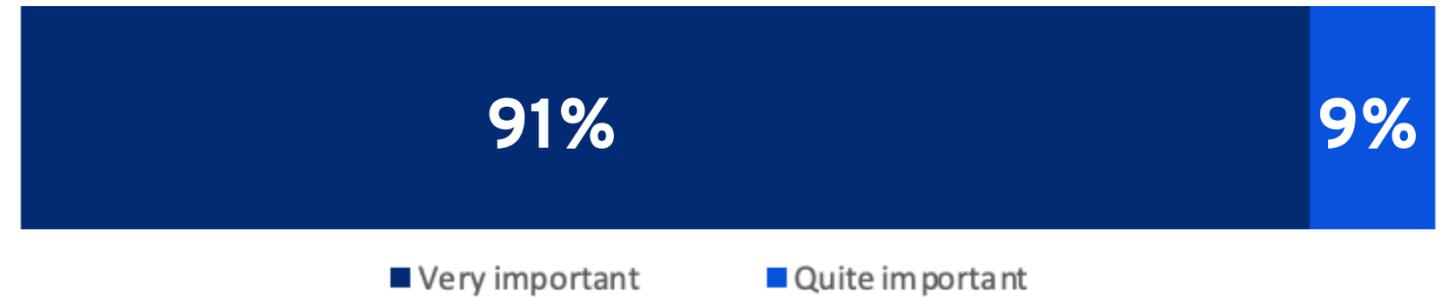
People feeling that their personal circumstances (income, daily schedule, working conditions, physical limitations) force them to make unhealthy choices instead of healthier ones (for example making unhealthy diet choices because they can't afford healthier ones).

Competent

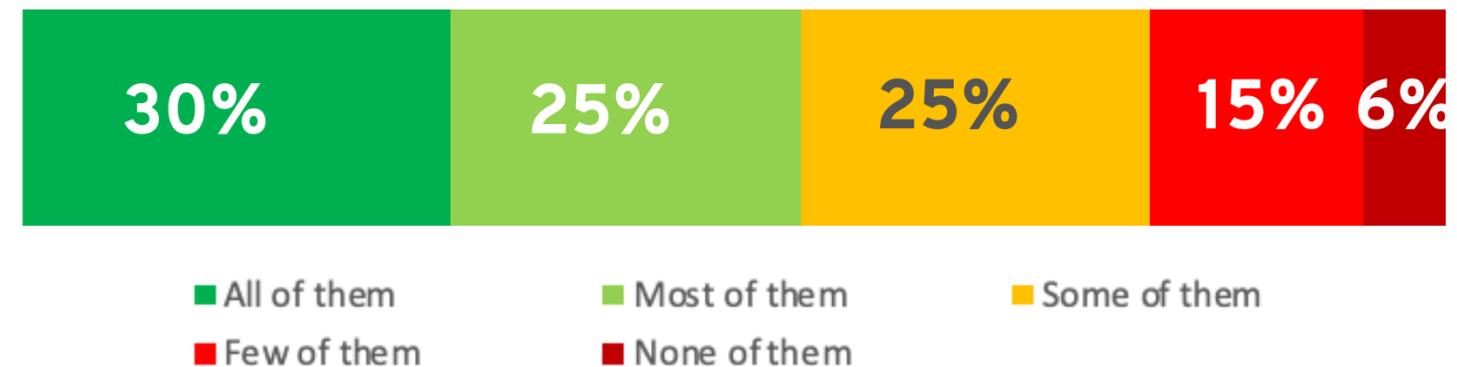


27 mentions from 23 respondents

How important is it for you:
Being cared for by people who understand my specific needs



Professionals looking after me:
Understand my specific needs



Compared with North East London total, Hackney respondents were **more likely** to find they are looked after by professionals who understand their specific needs.

What would indicate **competent** care?

Competent

Professionals providing health and care services have up-to-date, in-depth knowledge of the conditions they are treating.

Professionals providing health and care services have a good working knowledge of patients' conditions, even outside their area of specialty, to the extent they impact patients' access to care, care needs and general wellbeing.

Professionals providing health and care services have a good working knowledge of health inequalities, social inequalities and cultural issues that may influence patients' access to care.

Patients are diagnosed accurately and within a reasonable timeframe; necessary investigations are available to ensure the accuracy of the diagnosis process.

Patients receiving treatment informed by the NICE guidelines, and by the latest evidence-based developments in medical science.

Local people having a good level of knowledge about keeping themselves healthy and well.

Employers, schools, public services and local businesses knowing how to ensure they provide a healthy environment.

We need to see health care professionals having the time, knowledge and experience to delve into a problem and try to fix it. For the most part you feel like an inconvenience when trying to seek help. I've pretty much given up with GP's.

What would **NOT** happen?

Excessively long waiting times for diagnosis/ investigations.

Admin issues affecting the diagnosis process, e.g.: lost test results.

Misdiagnosis as a result of superficial consultations/ poor knowledge.

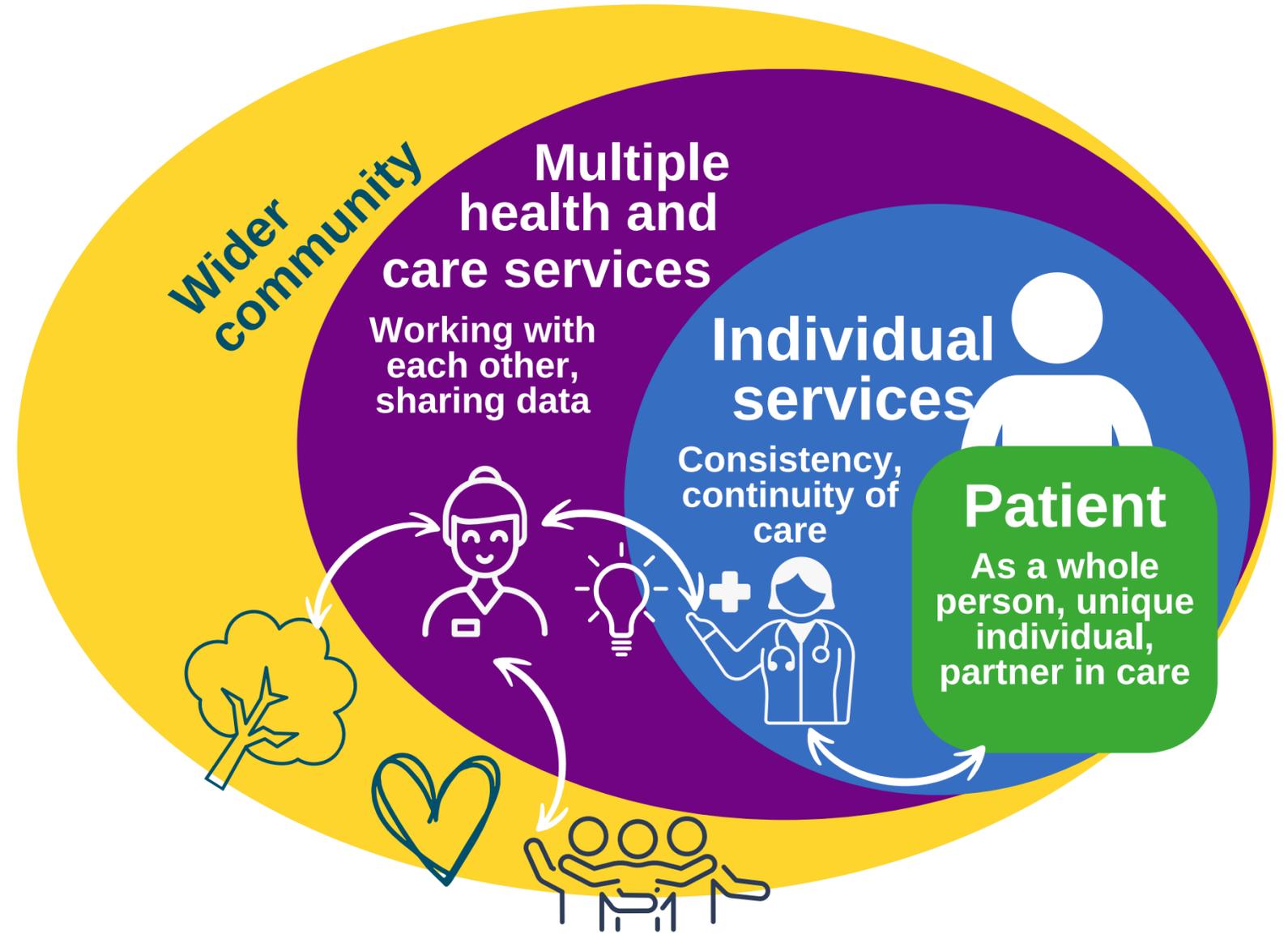
Lack of support with symptoms during an ongoing/ potentially long diagnosis process.

Clinical decisions being taken based on factors such as budget constraints or professionals' own cultural biases, rather than clinical need and scientific evidence.

Ineffective public health/ prevention interventions at a wider social level.

Local people making decisions about their own health based on incorrect information or pseudoscience.

Person-centred



Knowing that different services supporting you work well together



Very important Quite important Not very important

Being involved in decisions about your own care



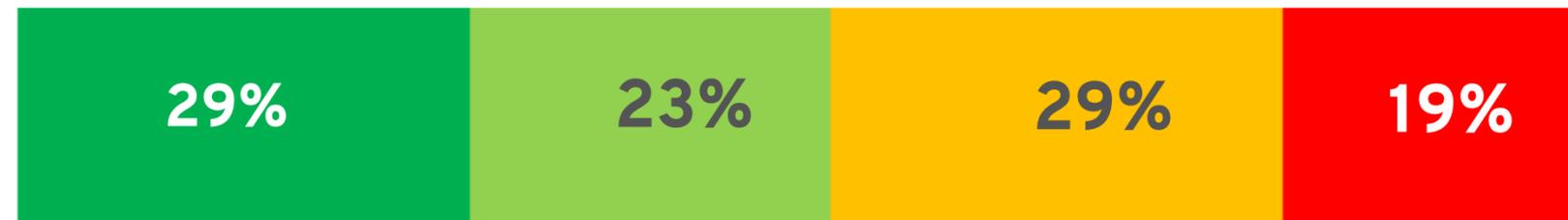
Very important Quite important Not very important

Professionals looking after me: Work well together



All of them Most of them Some of them
 Few of them None of them

Professionals looking after me: Involve me in decisions about my own care



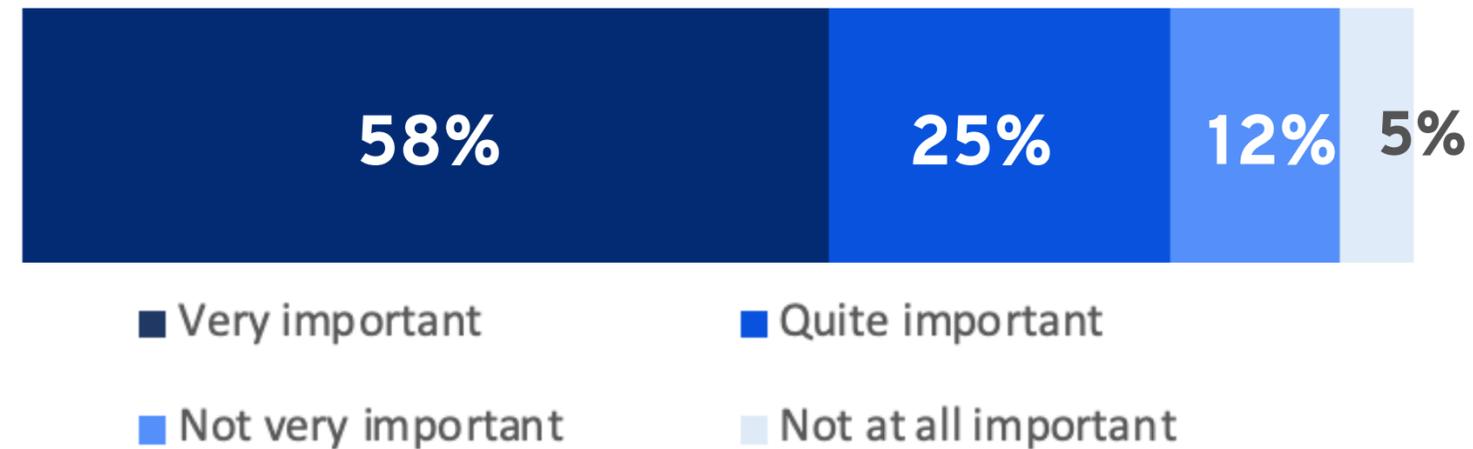
All of them Most of them Some of them
 Few of them None of them

Compared with North East London total, Hackney respondents were **slightly more likely** to find that professionals looking after them work well together.

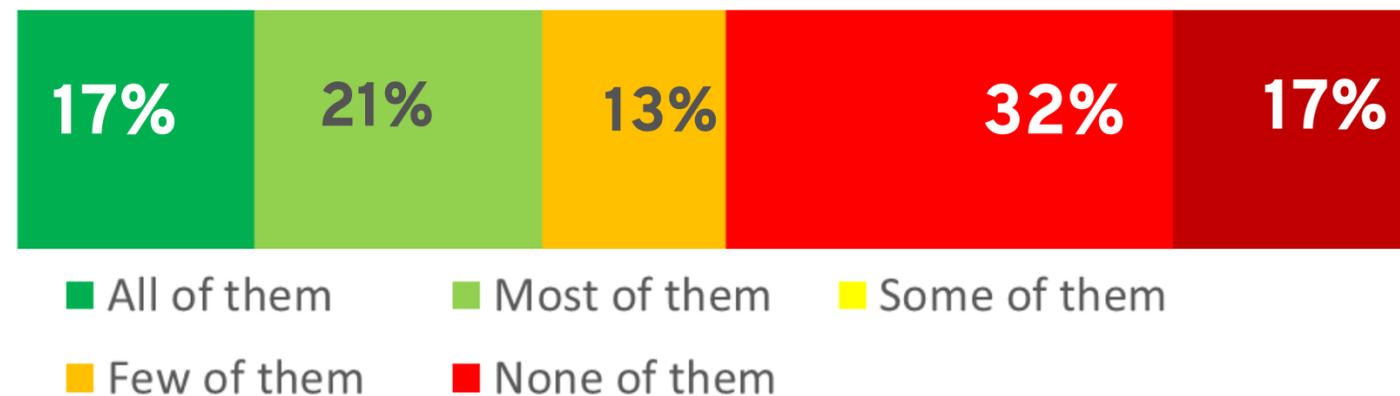
Compared with North East London total, Hackney respondents were **about as likely** to find that professionals looking after them involve them in decisions about their own care.

How important is it for you:

Not having to tell your story or explain the same issue lots of times to lots of different people.

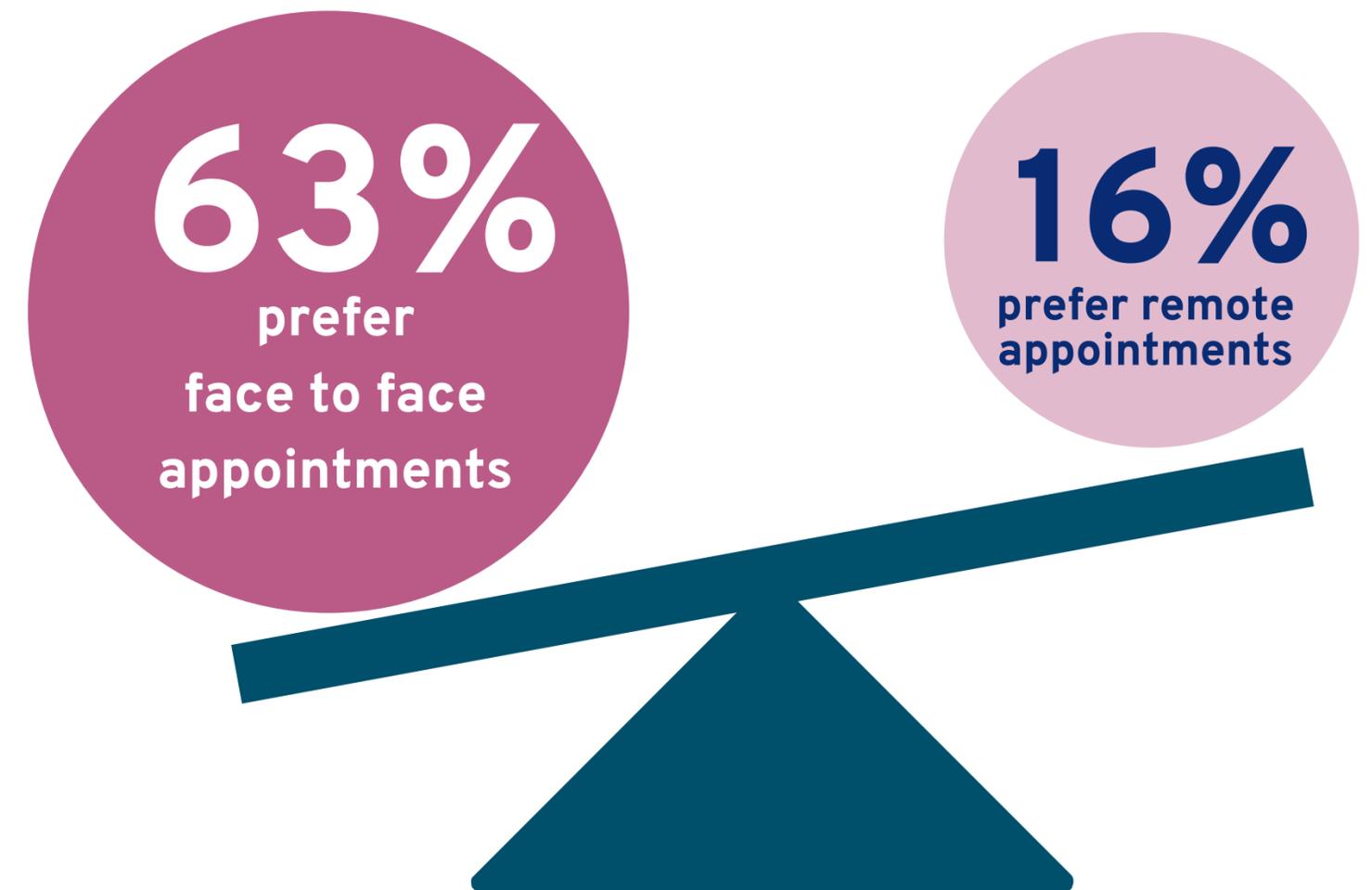


Professionals looking after me communicate with each other, so that I don't have to repeat myself



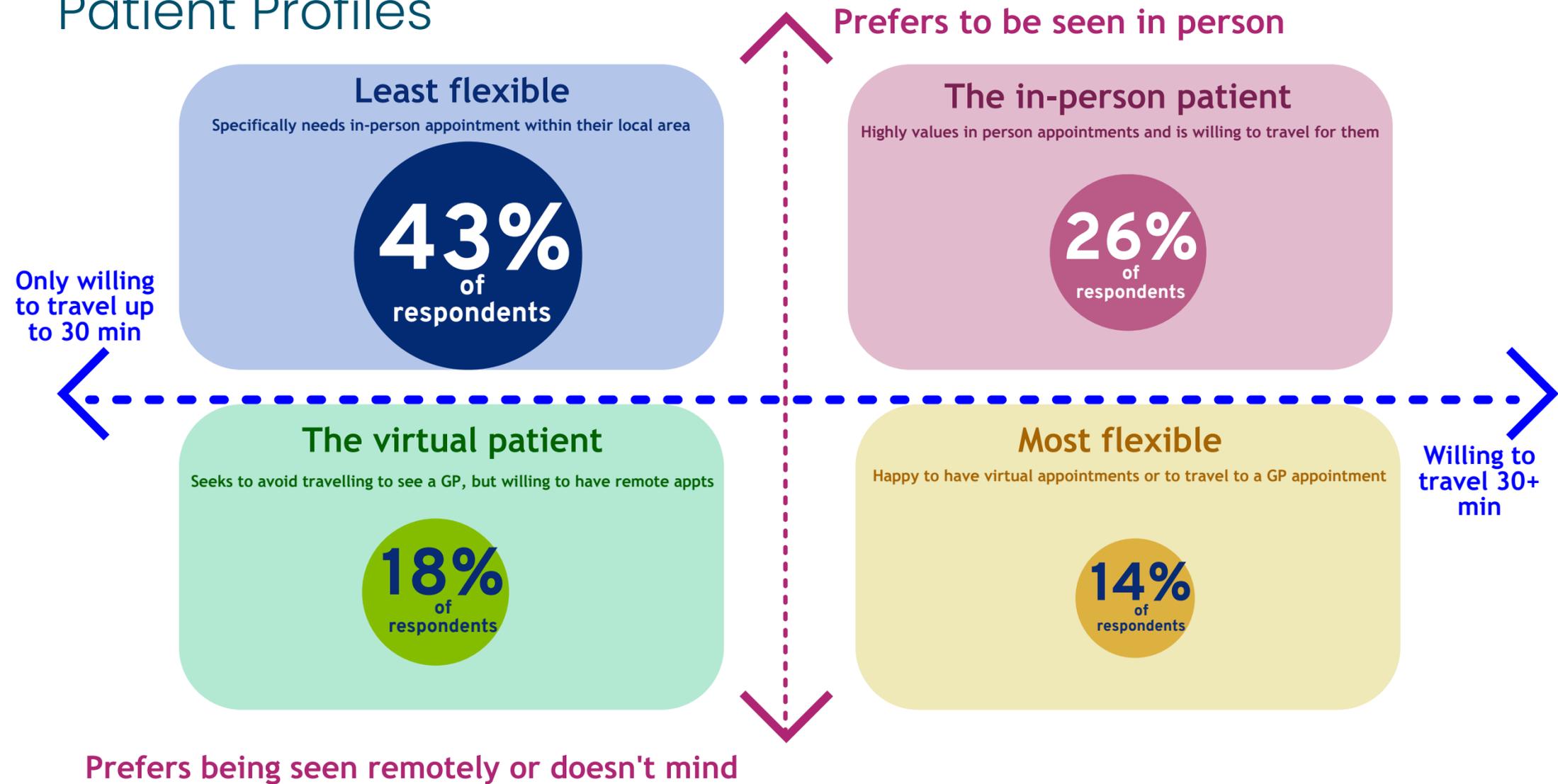
Compared with North East London total, Hackney respondents were **somewhat more likely** to find that they can avoid repeating themselves.

Previously, in the GP Extended Hours Survey, we asked Tower Hamlets residents if they preferred face-to-face or remote appointments.



We have previously analysed data on where and how patients want to access GP appointments. Findings are consistent with the findings of this survey.

Patient Profiles



In this respect, Hackney respondents are slightly more likely than North East London total to be open to having remote consultations.

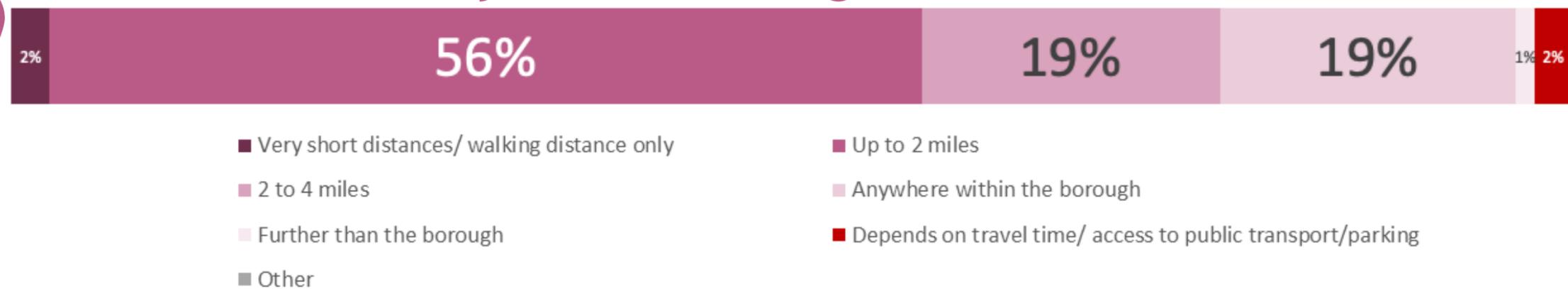




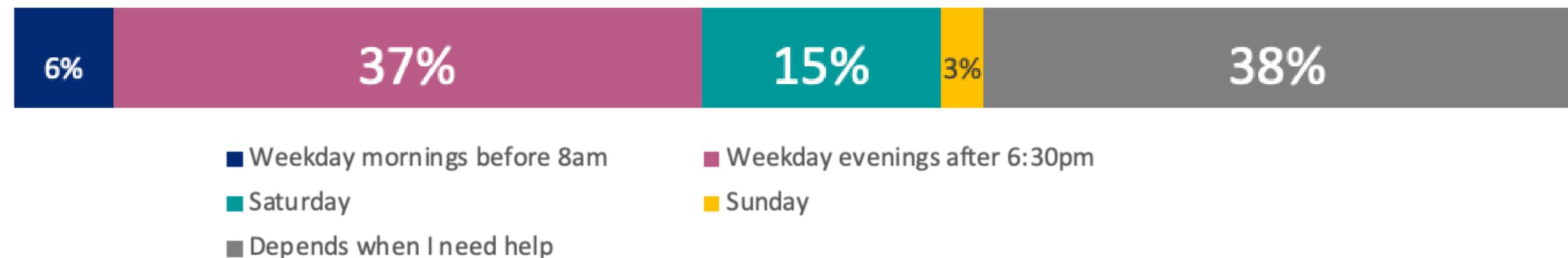
How long would you be willing to travel to see a GP?



How far would you be willing to travel to see a GP?



When would you need out of hours appointments the most?



What would indicate **person-centred** care?

Patients get to see the same medical professional consistently (for example the same doctor or midwife), as much as it is practical. Otherwise, when patients see different medical professionals within the same service or there is a staff turnover, notes and patient records are passed down and read. Quality of care remains constant regardless of who is delivering the care.

Referrals between different services are issued as needed and processed promptly; services share medical records and information seamlessly.

Health and care services are actively working with the wider community to promote holistic patient health - social prescribers, the voluntary sector etc.

Health and care professionals give patients clear options for treatment or care, presented objectively with pros and cons; empowering them to make informed decisions. Patients feel treated as a partners in their own care; and like medical professionals are interested in their own desired health outcomes.

Health and care professionals take a holistic approach to patients' health rather than examining conditions and symptoms in isolation.

Patients get a choice about where and how they access care or public services (using online services, having remote consultations or doing everything in person).

Information is available in a variety of formats and outreach channels

Employers, recruiters and schools consider work-life balance and fitting around workers' and students lives; processes for workforce recruitment and career development look at the worker holistically.

Person-centred

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Holistic connection of various things wrong not isolated 4 minute appointments. Easy access to appointments

What would NOT happen?

Patients receiving contradictory information from medical professionals.

Patients feeling like the level of care they receive is dependent on whom they get to see on any given day.

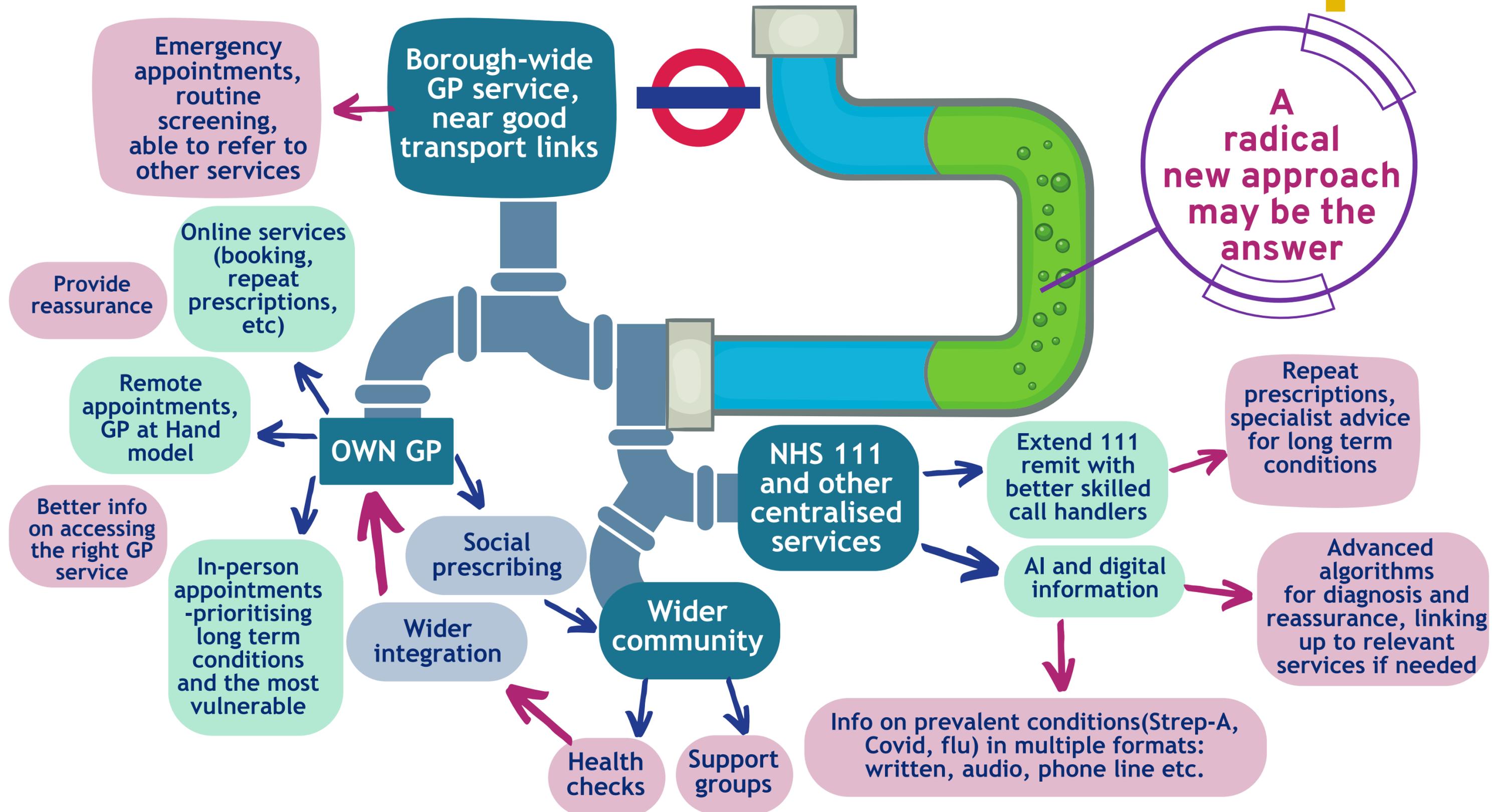
Patients having to repeat information that should be in their medical records or notes already.

Patients feeling like they are passed around between services with no actual help.

Patients only being allowed to discuss one symptom or condition per appointment.

Unblocking the pipeline

Person-centred



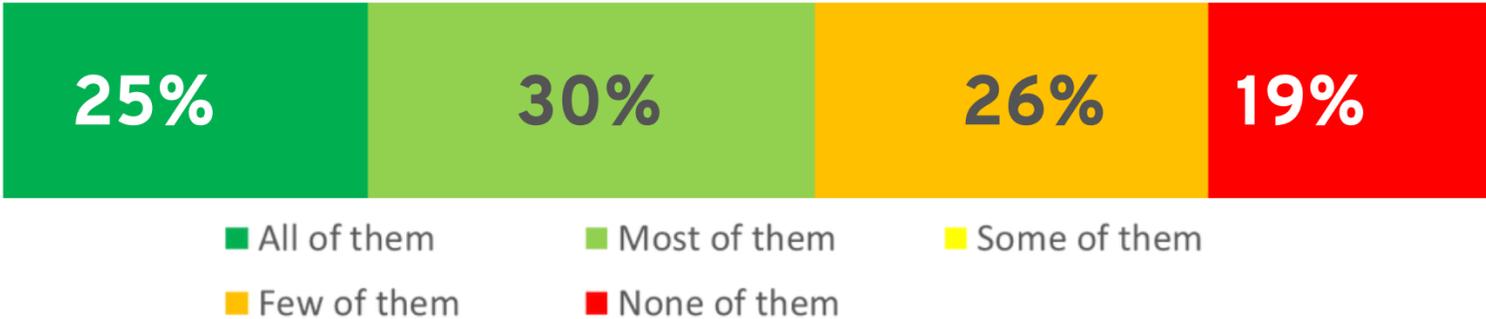
Trustworthy



How important is it for you: Receiving information in a way that's easy to understand



Professionals looking after me: give me information that's easy to understand

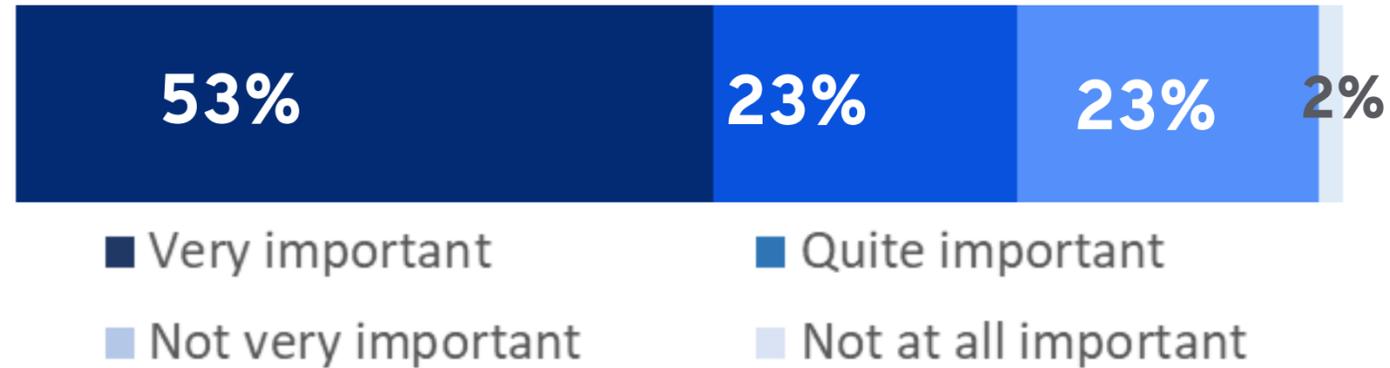


Compared with North East London total, Tower Hamlets respondents were **about as likely** to find that they receive information that's easy to understand.

How important is it for you



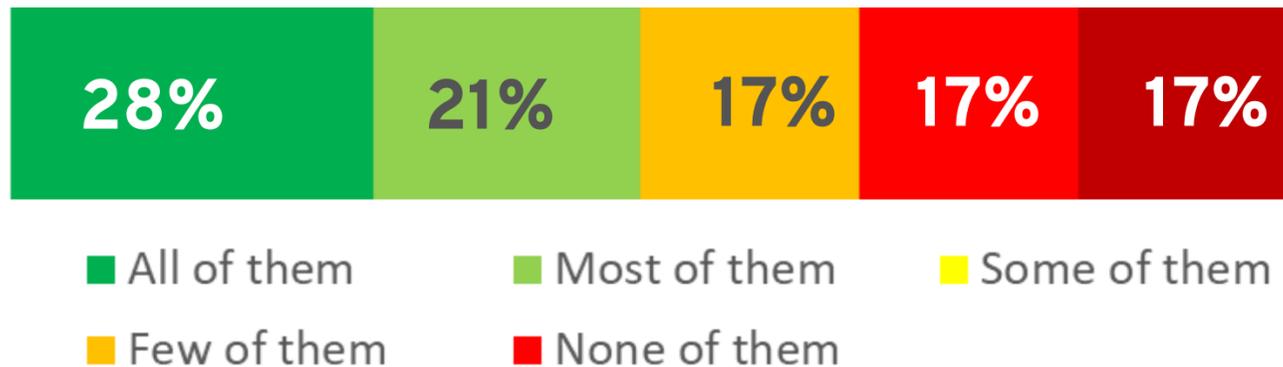
Being looked after by people who understand your beliefs and values.



Being looked after by people who understand your culture.



Professionals looking after me: understand my beliefs and values



Professionals looking after me: understand my culture



Compared with North East London total, Hackney respondents were **slightly more likely** to find that professionals looking after them understand their beliefs and values,

Compared with North East London total, Hackney respondents were **somewhat more likely** to find that professionals looking after them understand their culture.

What would indicate **trustworthy** care?

Patients feel listened to and reassured that their problems are taken seriously by care professionals; they feel that they are given adequate time.

Health and care services proactively engage with patients and ask about what is important to them.

Patients communicate with professionals about their care, in a honest, straightforward manner; understanding why they are offered a certain course of action.

Patients have someone they can turn to for competent advice, reassurance and prevention; they know whom they can turn to if they are worried about specific aspects of their health.

There is a straightforward and transparent process for accessing care.

Patients have access to routine check-ups in order to feel fully reassured that their health is good.

Services demonstrate accountability and act upon feedback received from patients.

In the family, workplace and community, local people feel comfortable talking about their health needs with no fear of judgement or stigma.

Local people feel safe from harm in their local community; they are comfortable using local amenities/facilities and engaging with their neighbours.

Trustworthy

“

Having access to a GP appointment when you want one, being listened to with respect and having confidence that follow up care will be available without too much delay.

What would **NOT** happen?

Patients feeling like they are fobbed off or their concerns are dismissed.

Patients feeling that they are treated like a burden; feeling discouraged from seeking care or asking questions.

Consultations feeling more like a tick-box exercise than a consultation.

Patients perceiving admin staff as gatekeepers or relating to them in an adversarial way.

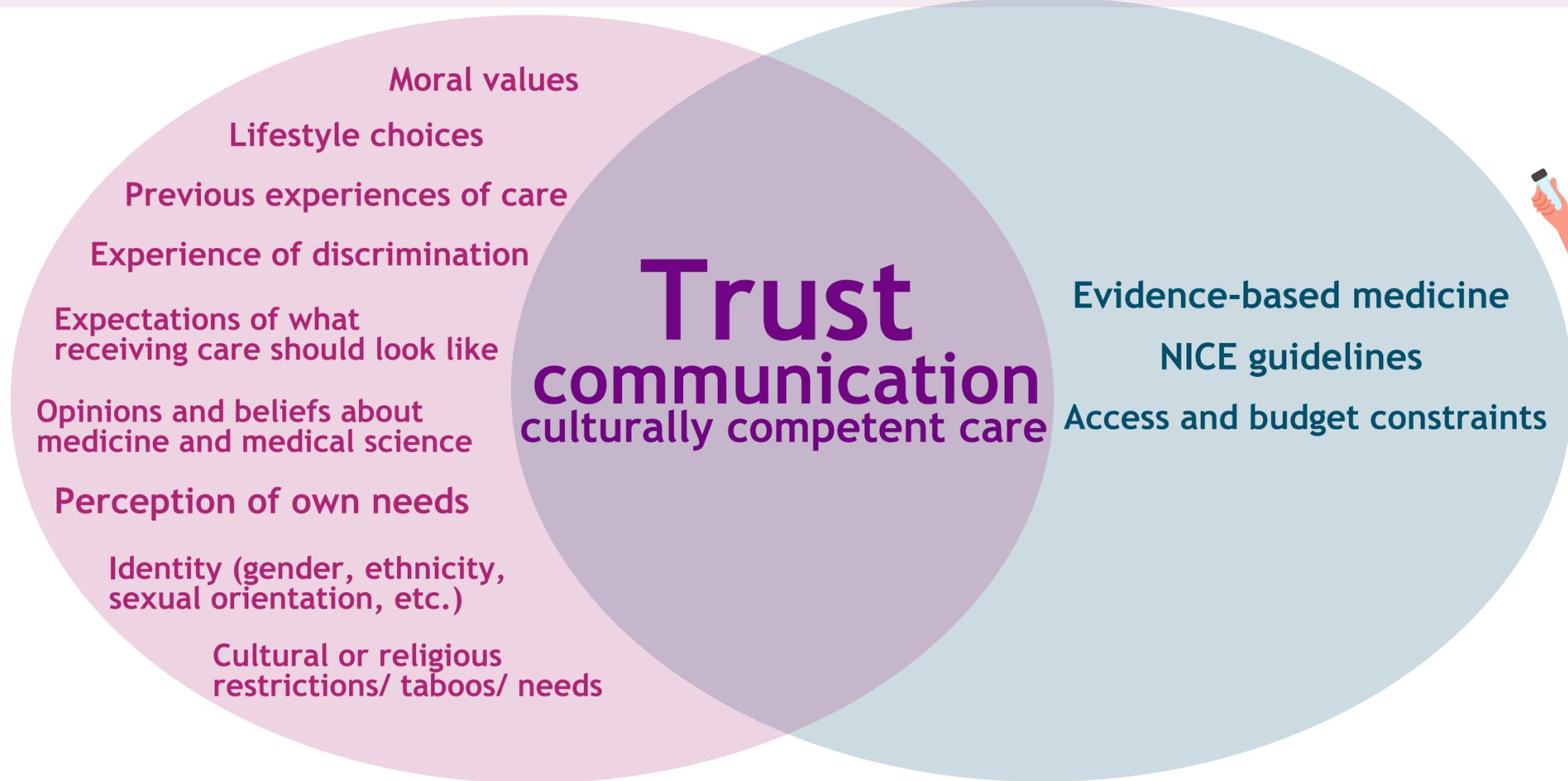
Workers feeling reluctant to ask for sick leave or necessary adaptations at work, fearing discrimination or judgement.

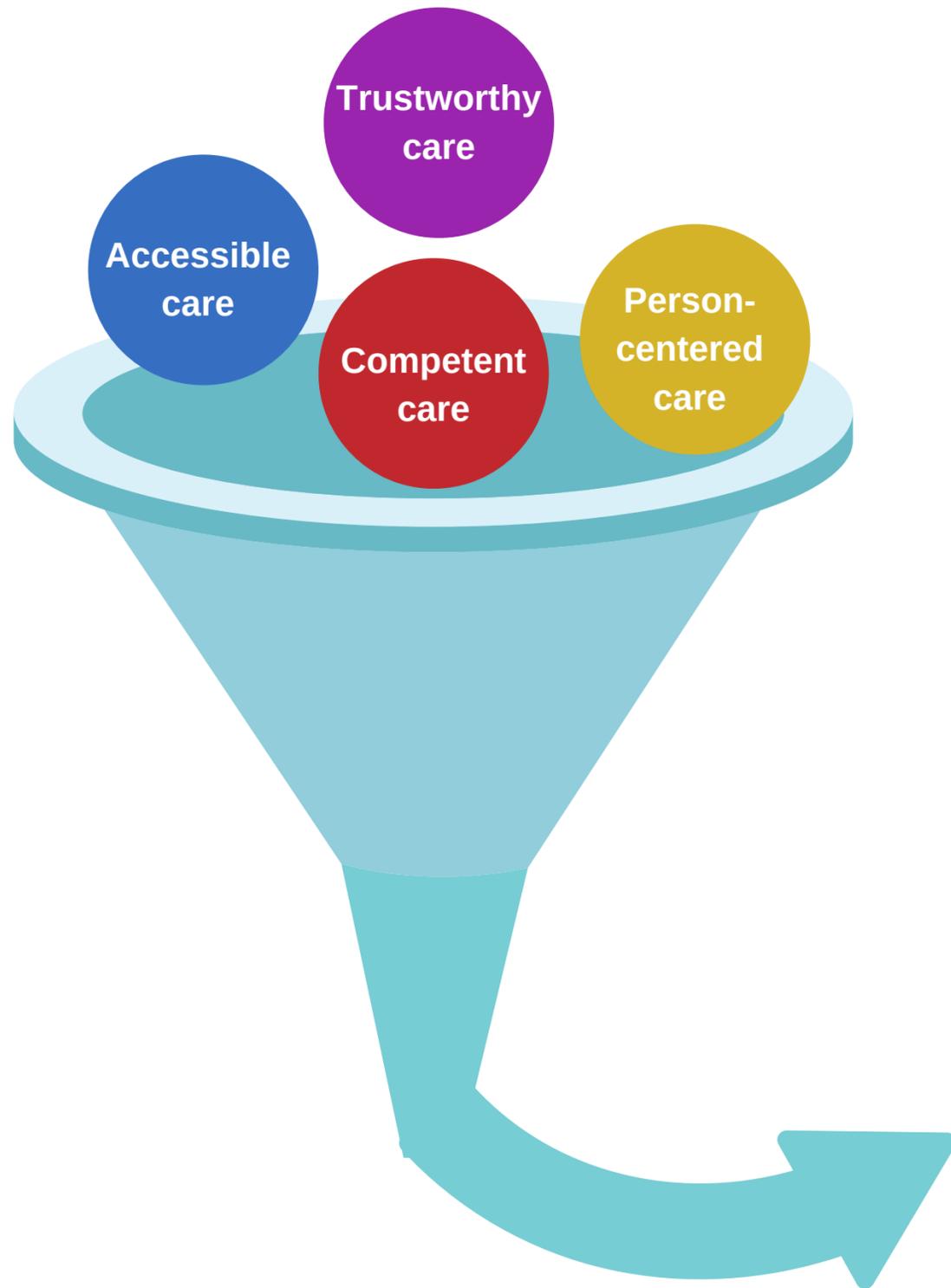
What about cultural competence?

A note on engaging with local people on their beliefs and values

Trustworthy

In some situations, rather than asking local people about their culture, beliefs and values in relation to health and care services, an alternative way of framing the question would be to address their **expectations in relation to the care they receive**. This could in turn inform culturally competent care.





What does good care look like?

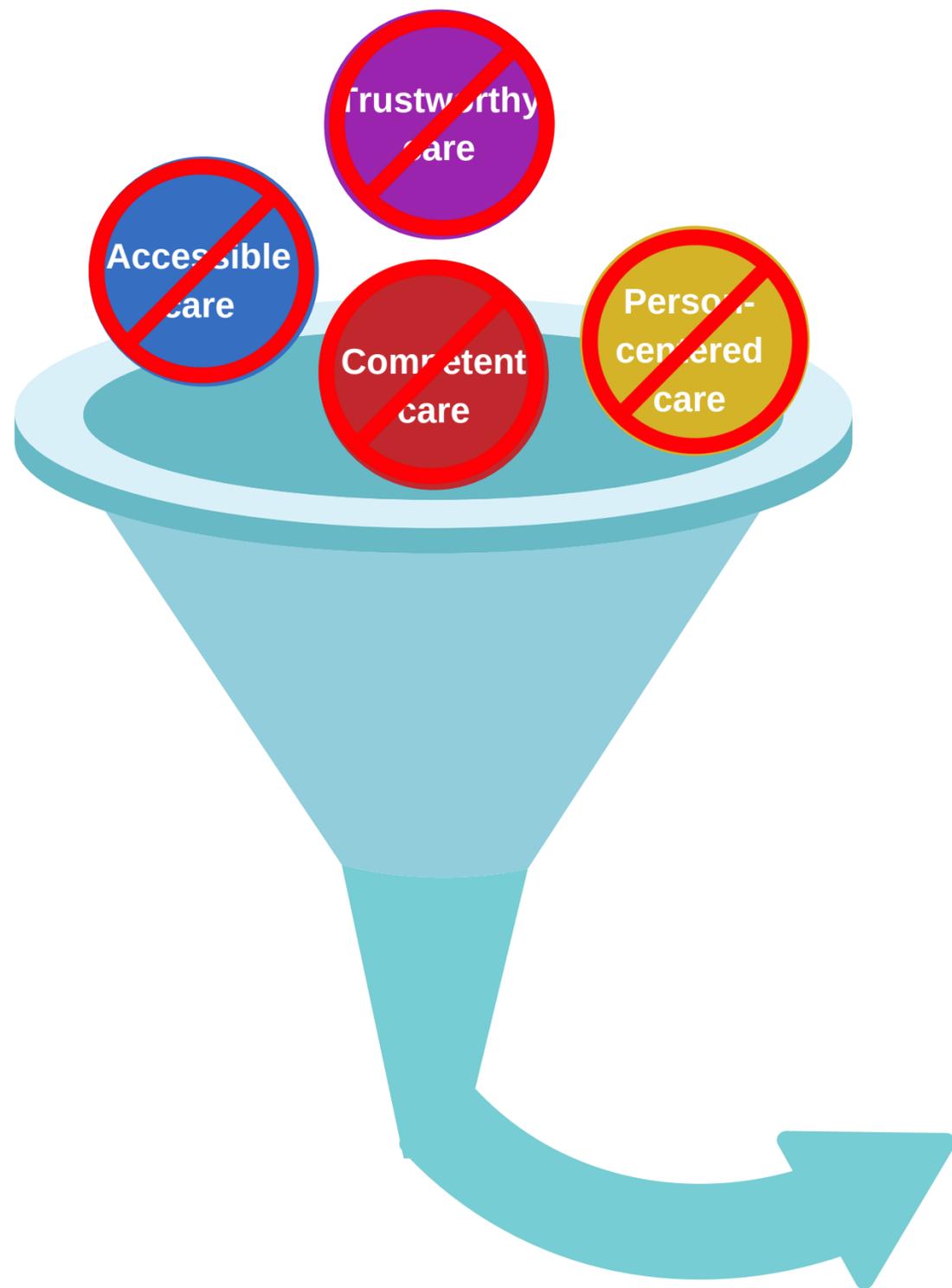
Good care has good consequences



- Local people feel **empowered** to live full healthy lives, to look after themselves and families. They feel **heard** and **reassured**. They worry less about their own health.
- **Children and young people** have a good start in life.
- People with **long-term conditions** manage them well. They are able to work and/or contribute to society in other ways. They are able to engage with others and do things they enjoy.
- **Older people** stay healthy and active for longer. They maintain a good level of independence.



What does good care look like? Bad care has bad consequences



- People **worry about their health**, as they don't have the knowledge to assess their own level of health or deal with specific symptoms; and they don't have a reliable source of advice.
- People **distrust** doctors and the treatments they prescribe; they may see the health and care system as defined by **gatekeeping** and doing the bare minimum. As a result, they may turn to alternative sources of care and/or reassurance, including those which may be pseudoscientific or harmful.
- Conditions that **would have been more easily treated** or controlled at an early stage worsen.
- People with **long-term conditions**, especially as they age, leave the workforce earlier and experience higher risks of social isolation.

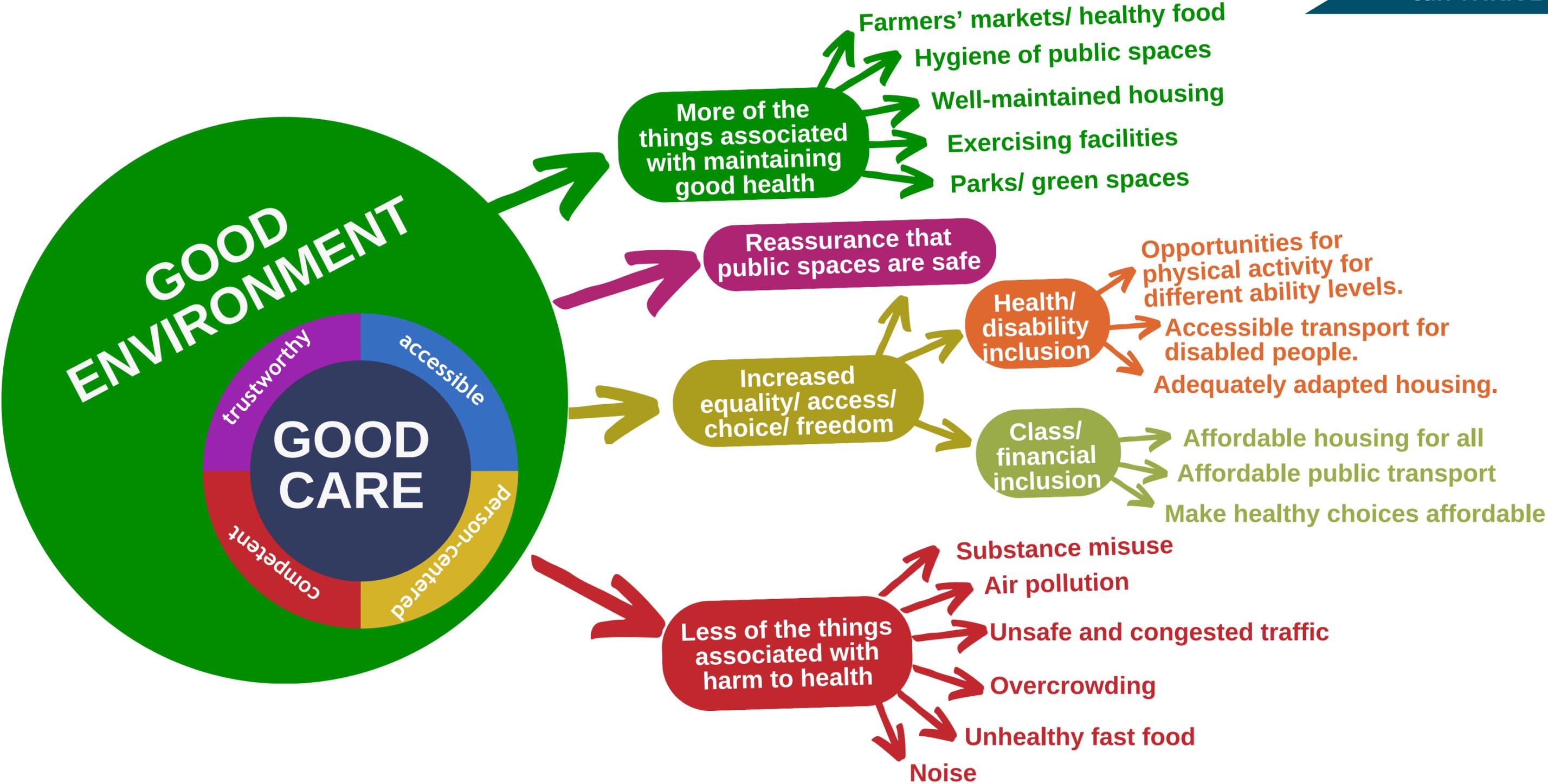
What could make care **accessible, competent, person-centred, trustworthy** in Hackney



- Improve telephone and online booking in GP surgeries.
- Improve availability of GP and specialist appointments, including tests and investigations; improve referral mechanisms and integrations of services.
- Improve continuity of care and record-sharing in GP surgeries; improve data sharing within the same organisation and between organisations in a healthcare setting.
- Streamline appointments; address multiple issue within the same appointment.
- Improve access to healthcare for mental health.
- Improve provision of social prescribers and links between GPs and community/ advice/ voluntary resources.
- Provide local residents with the opportunity to receive health checks and bring up questions and concerns about their health. These could be geared towards the general population or specific groups (older people, small children, long-term conditions etc.) and take place in GP surgeries or in a community-based setting.

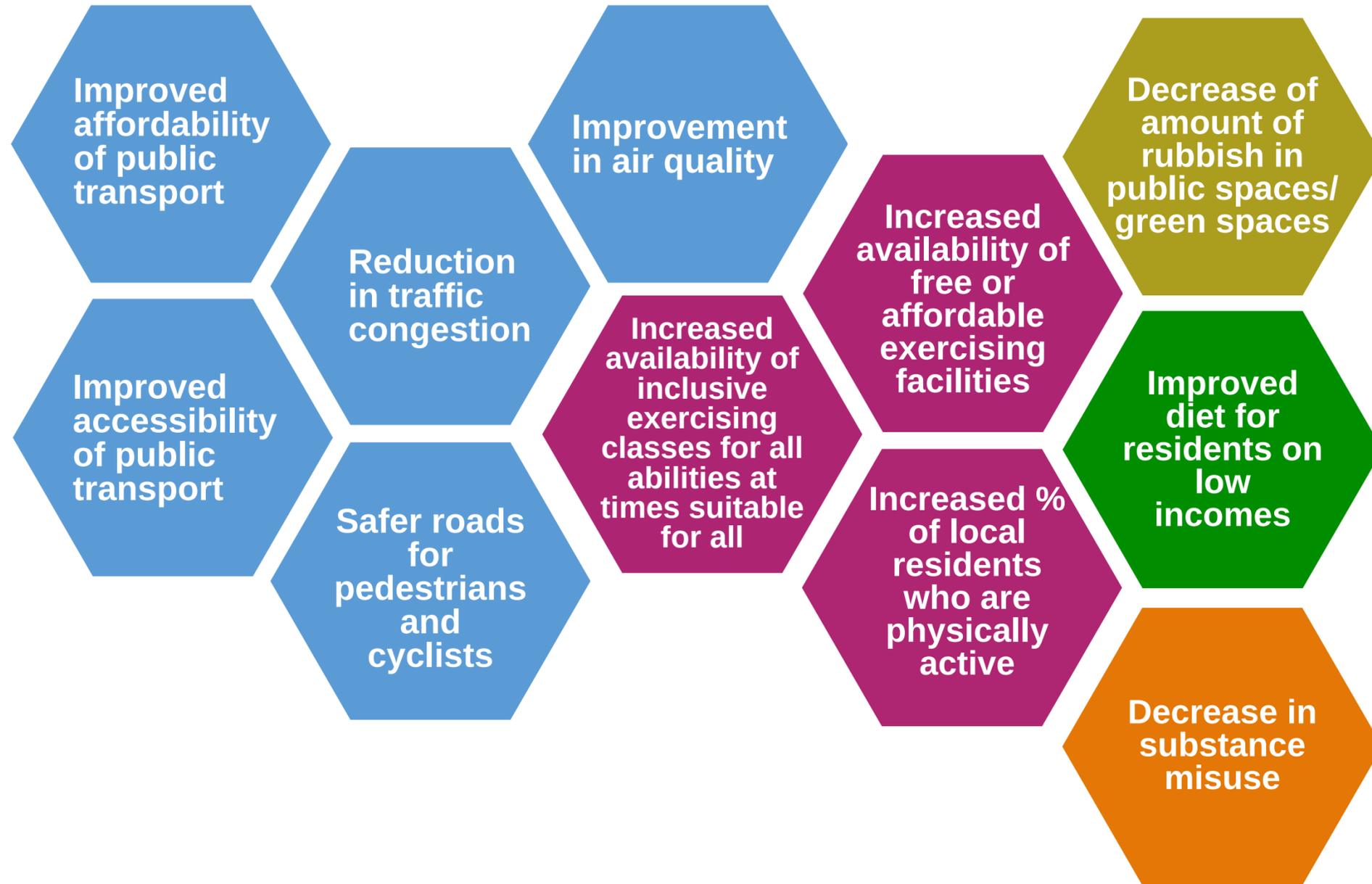
What does a healthy community look like?

Everybody
can THRIVE



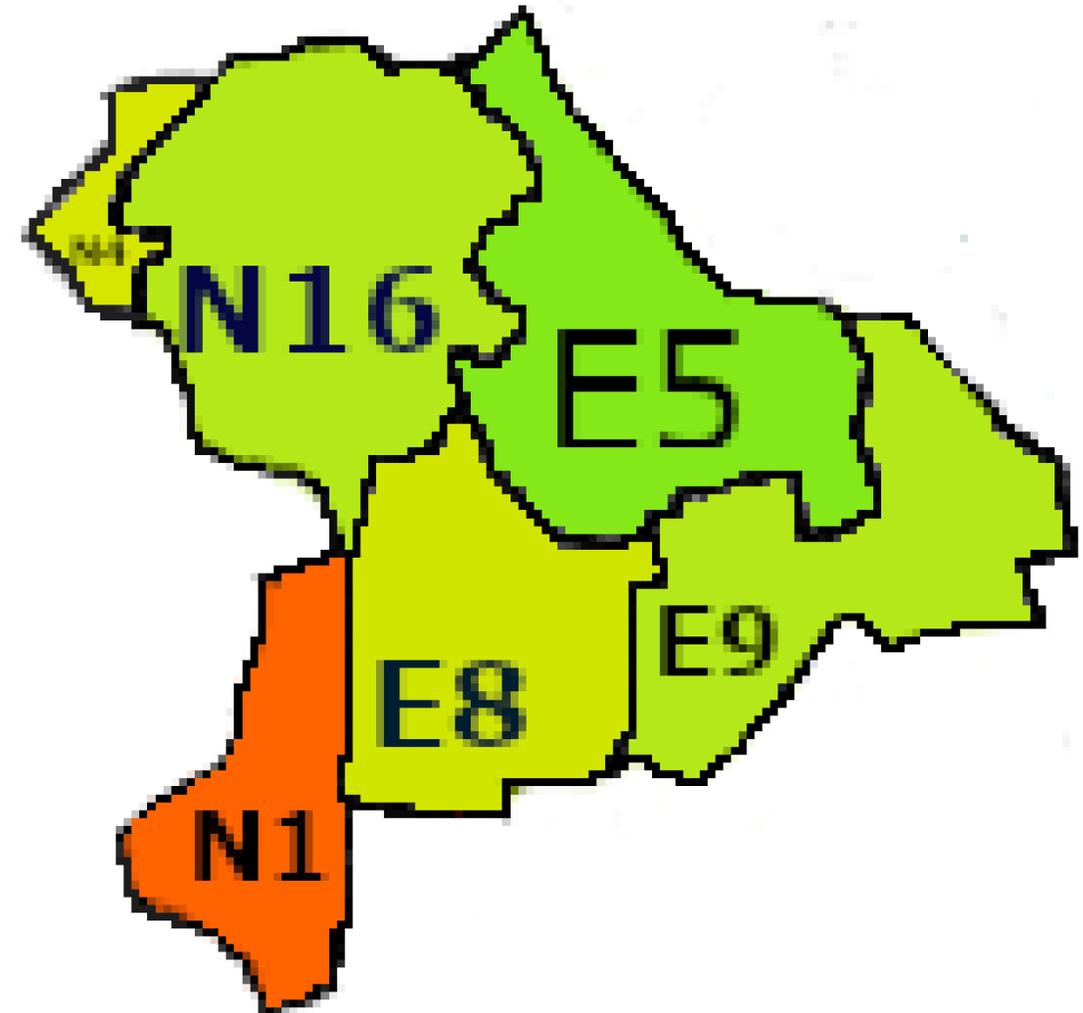
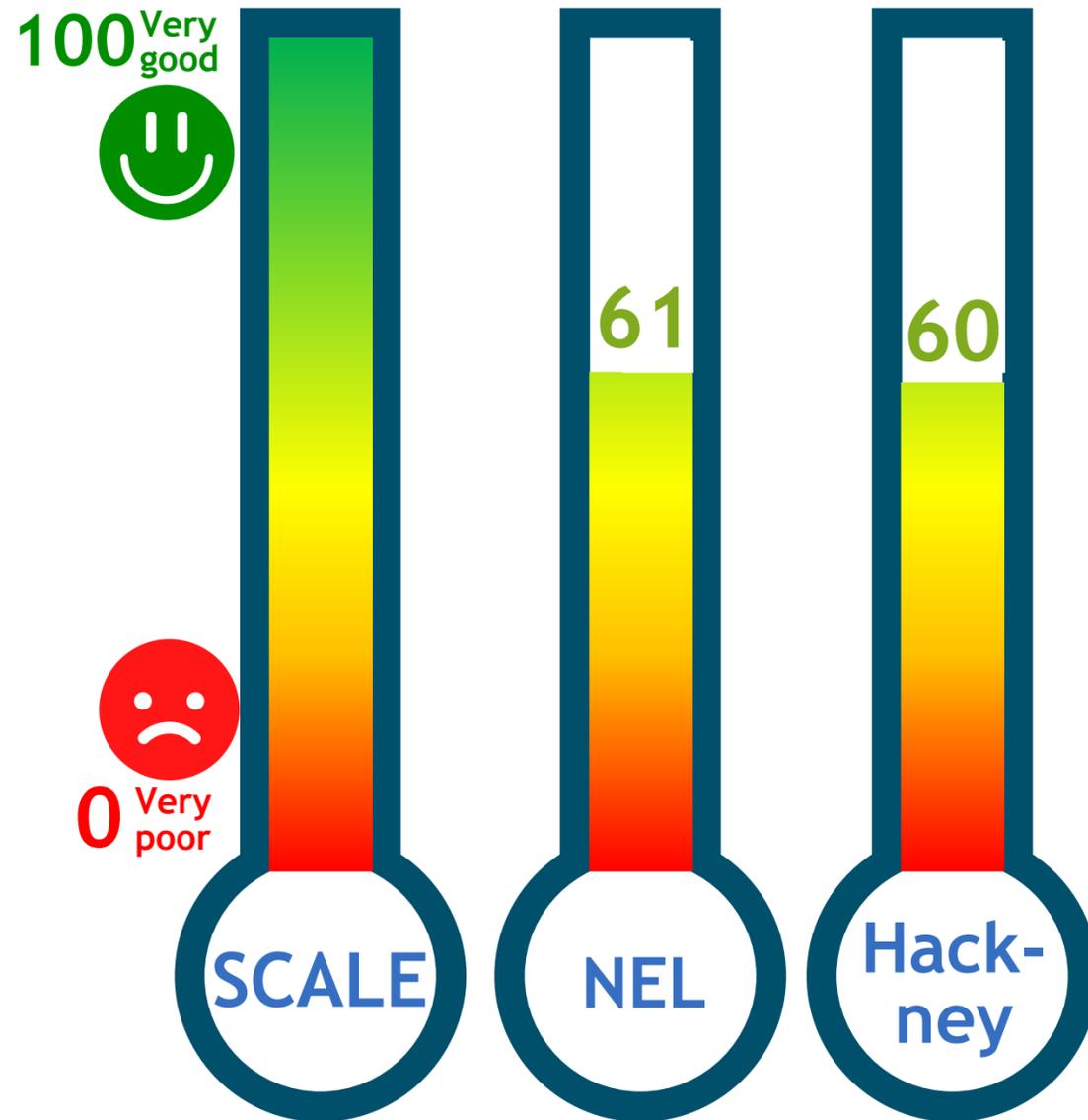
How to measure the health of the wider community based on what matters to local people

Everybody can THRIVE



My neighbourhood is a place where I can live a healthy life- *survey respondents*

Everybody
can THRIVE

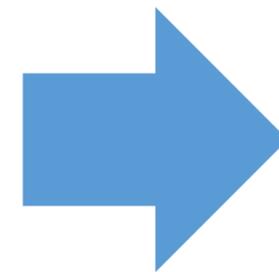
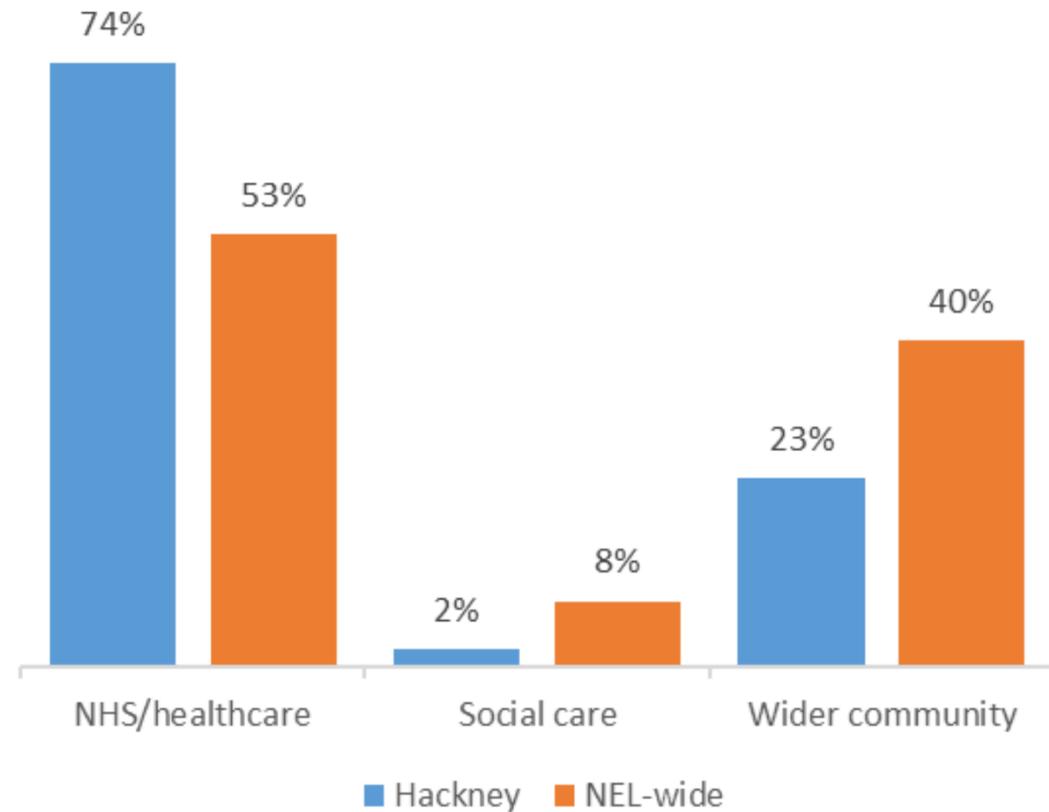


What could create **healthier communities** in Hackney

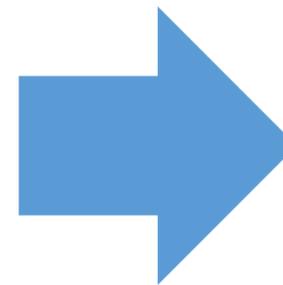
Everybody
can THRIVE

- ➔ Improve the safety of public spaces; in particular, crack down on drug dealing and using.
- ➔ Improve smoking cessation and substance misuse services.
- ➔ Make use of public spaces, especially outdoor/ green spaces for engaging local people in community-building and health promotion activities; organise events including the entire community.
- ➔ Improve traffic and reduce car use.
- ➔ Improve provision of social housing; including accessibility for disabled council/ housing association renters. Improve services aimed at supporting homeless residents or those at risk of homelessness.
- ➔ Improve safety and cleanliness of parks; crack down on antisocial behaviour in public spaces.

What changes would make an immediate positive difference to people's lives?



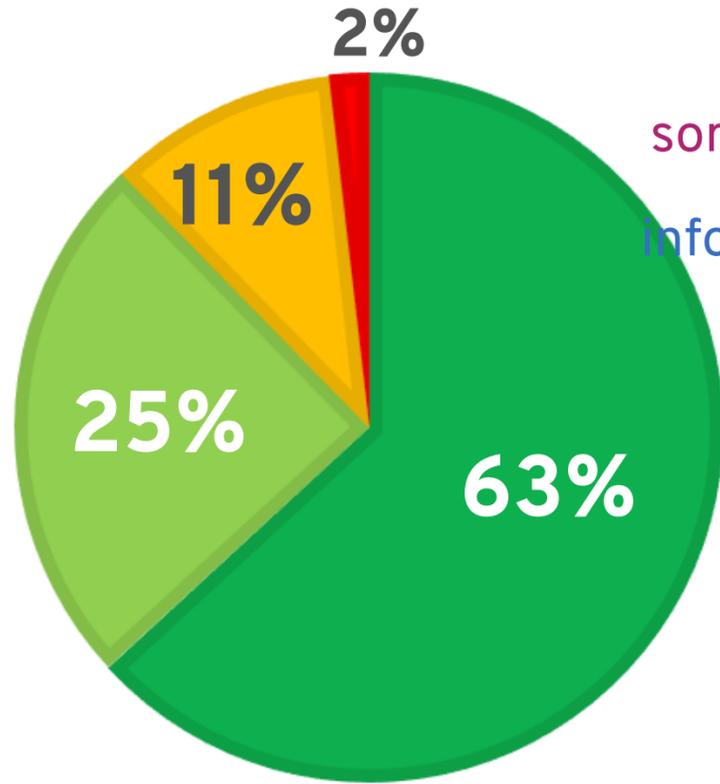
Most mentioned healthcare change: improve access to primary care, especially to GP appointments.



Most mentioned wider community change: tackle drug use in public spaces.



How interested would you be about having information available where you live about living a healthy life? - *survey respondents*



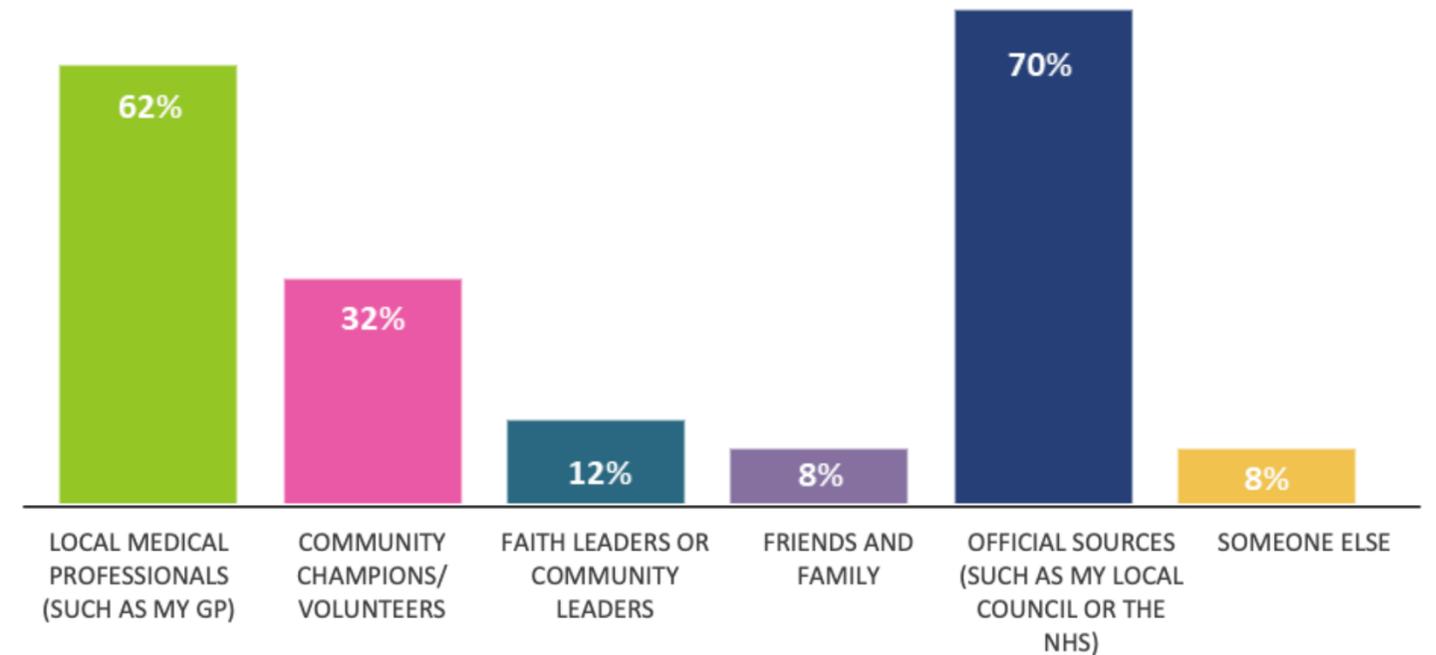
- Very interested
- Fairly interested
- Not very interested
- Not at all interested

Hackney residents were **somewhat more likely** than NEL total to be interested in information about healthy living.

43% of those not interested said they already had enough information.

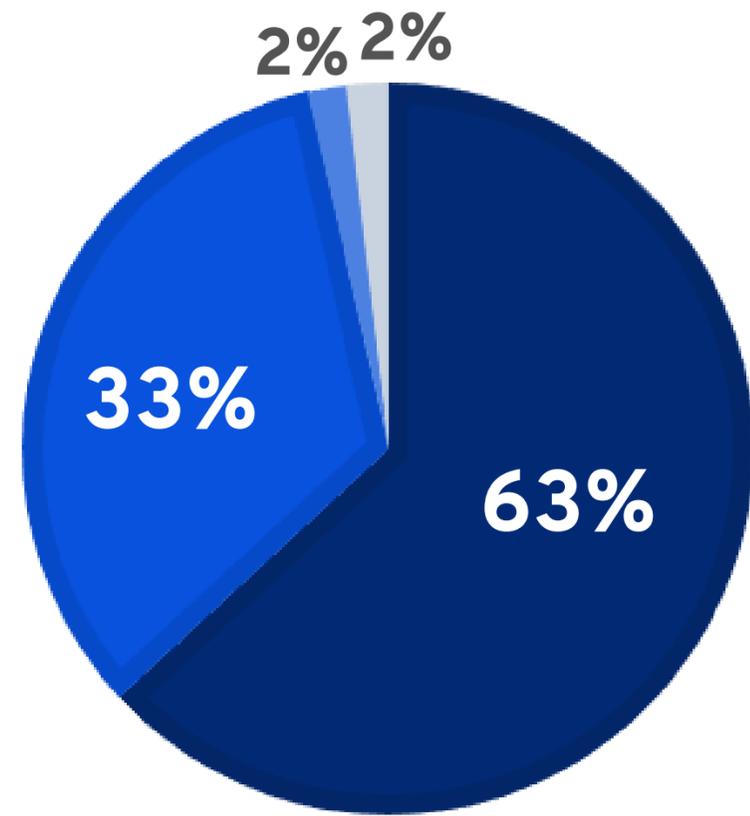
57% of those not interested said the obstacles they face to living a healthier life cannot be tackled with just information.

Whom information should come from according to those who would like to receive info



Hackney residents were **less likely** than NEL total to want information coming from **friends and family** and **more likely** to want information from **community champions or volunteers**.

How important is it for you to have a say about how local health and social care services are run? - *survey respondents*



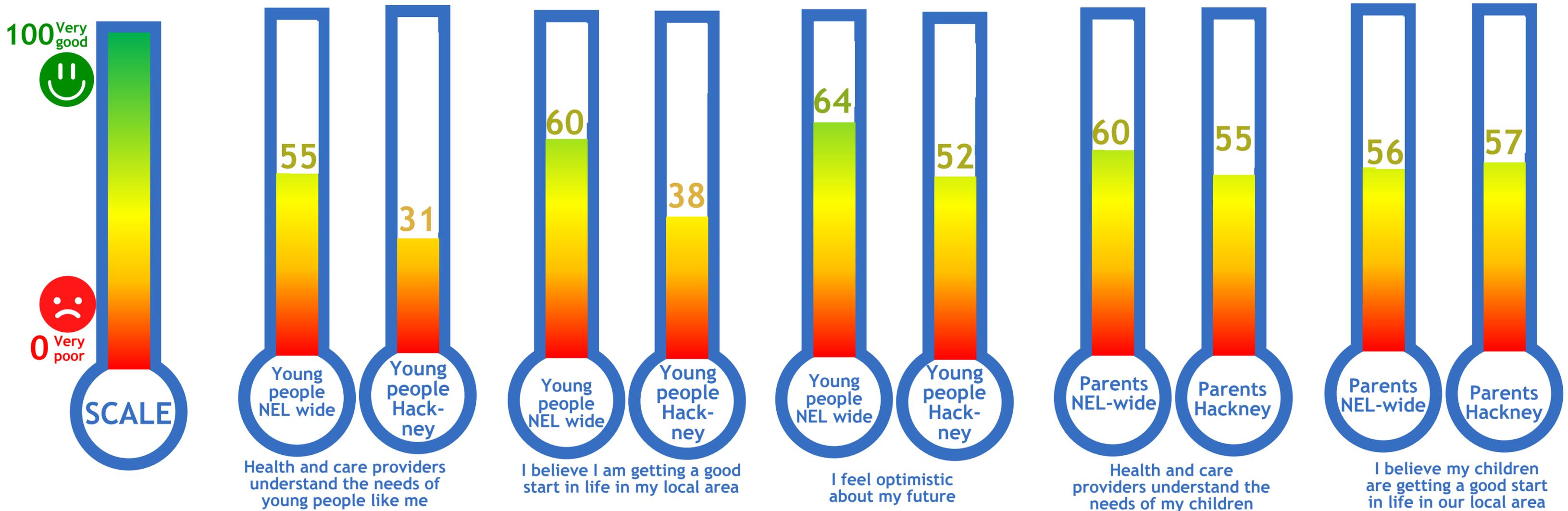
- Very important
- Fairly important
- Not very important
- Not at all important

Compared with North East London total, Hackney respondents were **slightly less likely** to believe it is important to have a say.

What would help local people be more involved in shaping health and care services:

-  **Inform local people about involvement opportunities**
-  **Be flexible in terms of dates/time and medium; consider accessibility**
Accommodate those who prefer to take part in meetings and those who prefer to give feedback in writing; those who are digitally excluded and those who prefer online communication; those who work full-time and those with limited ability to travel.
-  **Consider the specific expertise individuals can bring**
Professional experience, lived experience, transferrable skills.
-  **Consider financial incentives/ paying for expertise**
-  **Show local people how their involvement is making a difference**
Offer clarity on how their data will be used; demonstrate accountability; publicise "You Said/We Did" results

Priority: babies, children and young people



Priority: babies, children and young people

What young people want from health and care services



- ➔ Trustworthy sources of information about healthy lifestyles
- ➔ Routine check-ups/ screenings/ blood tests
- ➔ Mental health and wellbeing support; faster access to mental health services; holistic mental health support
- ➔ Awareness of mental health-related disability; signposting and integration
- ➔ Services that are easy to use (streamlined admin), with reasonable waiting lists; simplified access/paperwork
- ➔ Non-judgemental, empathetic professionals you can be open with; communicating sensitively
- ➔ Younger social workers and friendly space them can put them at ease
- ➔ Medical professionals that speak to them in an age appropriate way from as early as possible, not just to their parents
- ➔ Respect for their confidentiality and privacy
- ➔ Health professionals that do not dismiss young people's concerns and symptoms, especially those that make them stressed or self-conscious; not having their concerns dismissed because of age.
- ➔ Social prescribing; working within the community
- ➔ Continuity and integration of care when transitioning from child/adolescent to adult health services; without a need for restarting the referral process.
- ➔ They place a high importance on health and care workers being fairly paid and having a good work environment

Priority: babies, children and young people

What young people want from schools

- ➔ Holistic/ interdisciplinary teaching
- ➔ Better security/ protection/ safe environment.
- ➔ School-based mental health support.
- ➔ Opportunities to learn about different career paths, including for those who are not academic over-achievers.
- ➔ Work experience. Opportunities to build employability skills.



What young people want from their local communities

- ➔ A strategy to address poverty, especially food poverty and housing poverty/homelessness;
- ➔ Better awareness of the different types of abuse and support for abuse victims.
- ➔ More after-school clubs particularly aimed at young men, as a violence prevention strategy.
- ➔ Work experience. opportunities to build employable skills.
- ➔ Better promotion of community organisations/ charities offering relevant services.
- ➔ Safety from bullying, harassment, robberies and gangs.
- ➔ Connection, motivational community; encouragement to pursue dreams
- ➔ Open green spaces, spaces for physical activity and sports
- ➔ Disability inclusion

Priority: babies, children and young people

What parents want from health and care services

- ➔ Easily accessible/ availability of appointments
- ➔ Quick access to urgent primary care (same day or walk-in); a dedicated helpline for paediatrics advice/
- ➔ Single point of access for children's services
- ➔ Local children's hub providing health checks; for older ages (from primary school onwards) continue to provide routine health checks and health information in a regular basis, possibly in a different setting.
- ➔ Better continuity/ consistency of care in the provision of postnatal health visitors, especially for vulnerable families and those with mental health issues; better non-judgemental breastfeeding support; continuity of care/ support from birth to school age. Extend Home Start to older ages
- ➔ Nutrition, mental health and family education for parents and children; access to antenatal/ parenting classes, including for those on low incomes.
- ➔ Multicultural staff reflecting the diversity of local areas
- ➔ Signposting service connecting to community resources
- ➔ Holistic/ community-connected support for families with special needs or vulnerabilities.
- ➔ Better support for children with special educational needs in schools.
- ➔ Better, more accessible child and adolescent mental health services
- ➔ Mental health support and health education in schools.



57%

of parents didn't have anyone to turn to for advice on supporting their children to grow healthy and well.

Hackney parents were just as likely as NEL total to have someone.

Priority: babies, children and young people

The good care model



Accessible

Babies and children can get same-day GP appointments or be seen on a walk-in basis.

There is a single point of access for children's health services.

Health and care services for children and young people take into account school schedules when offering appointments.

Children's centres, family hubs and youth clubs are in every neighbourhood.

Mental health support and interventions/activities to improve mental well-being are available in a school and community setting.

Parenting classes, activities for children, families and young people are free or affordable.

Healthy food options are convenient and affordable including for those who can't cook (children at school, students living in halls etc.)

Competent

Young people and new parents have access to impartial, evidence-based advice on living a healthy lifestyle.

All services working with new parents, babies, children and young people, including schools, nurseries, health and social care services, have a good awareness of mental health in the context of parenthood, childhood and youth; as well as of learning disabilities and neurodivergence.

Professionals don't assume young people's symptoms are less serious or that they can't have chronic conditions.

Person-centred

Transition between child and adult services is straightforward and happens without disrupting access to care for young adults; patients are not required to undergo complex bureaucratic processes or tell their story from the beginning all over.

Health services, social care, schools and community organisations work together and signpost to each other. Support for special needs/ vulnerable families (poverty, domestic violence etc.) is holistic and inter-connected.

Schools, universities and training providers work with employers to build skills and recruit young workers.

Teaching in schools is holistic/interdisciplinary.

Trustworthy

Routine health checks for babies and children are available in hubs, children's centres or GP surgeries, providing reassurance to parents.

Young people get to access care and speak about their concerns to professionals that take them seriously, respect their dignity and their confidentiality; they get to ask about sensitive topics such as mental health or sexual health without fear of being judged.

Young people's health concerns are taken seriously, not dismissed.

Younger social workers and friendly spaces put vulnerable children at ease.

Children, young people and parents feel safe from harm in their local area and at school.

Community offers safe spaces for self-expression.

How to measure success for babies, children and young people based on what matters to local people



Pillar	Success indicator	How it could be measured
Accessible	<p>Decrease in waiting times for GP appointments for babies and young children. Decrease in waiting times for children and young people accessing mental health/ neurodivergence services.</p> <p>Improved ease of accessing health services for children and young people- in terms of booking processes and flexibility.</p> <p>Improved provision of resources for promoting physical and mental health in schools and the wider community.</p> <p>Improved access to community resources for children and families on low incomes</p> <p>Improved access to affordable healthy food in schools; improved affordability of healthy food options that don't require cooking at home. Decrease in demand for food banks.</p> <p>Improved access to jobs with a career progression for young people, including for those from working class backgrounds and those who are not high academic achievers.</p>	<p>Data generated by health and social services providers: waiting times for appointments by age; % of patients who unsuccessfully try to make appointments by age; mapping booking and referral processes.</p> <p>Engaging with parents and young people on how easy or hard they find accessing services.</p> <p>Engaging with young people on their lifestyles and the incentives/ obstacles the experience for healthy or unhealthy behaviour; taking into account physical and mental health.</p> <p>% of parents on low incomes accessing parenting classes</p> <p>% of children and young people on low incomes taking part in extracurricular activities and youth clubs.</p>
Competent	<p>Improved knowledge of health lifestyles among parents, children and young people.</p> <p>Improved knowledge of mental health and of neurodivergence among health professionals working with children and young people, including those not specialised in neurodivergence or mental health.</p> <p>Improved knowledge of the wider determinants of health among professionals working with children; decrease in poverty-related preventable illness in children and young people.</p> <p>Presence of evidence-based, effective interventions and initiatives on public health (smoking/vaping cessation, healthy eating, physical activity, reduction of substance misuse) and wider determinants (crime reduction, violence prevention)</p>	<p>Monitoring and evaluation- success rate of public health and related initiatives (for example % of young people who give up smoking, reduction in of young people who take up vaping, reduction in violent crime locally, reduction in substance misuse)</p> <p>Measures of general well-being among children and young people.</p> <p>Engaging with young people on their lifestyles and knowledge levels, including ability to identify impartial vs biased advice, and evidence-based vs pseudoscientific</p> <p>Engaging with health and care professionals about their knowledge of mental health/ neurodivergence in young people/ wider dererminants of health and their training needs</p> <p>Engaging with young people who are experiencing mental health issues and/or are nurodivergent on the extent the feel understood,</p>
Person-centred	<p>Improved continuity of care for young people with long-term conditions (including mental health conditions) aging out of children's services</p> <p>Simplified/ single point of access health, care and social services for babies/ new parents/ vulnerable families</p> <p>Improved links between schools/ universities/ training providers and employers; including for those who are not high academic achievers.</p>	<p>Mapping referral and transition processes for young people with long-term conditions (for example, between CAMHS and a CMHT); engaging with patients to understand their experience.</p> <p>Mapping journeys of new parents or vulnerable families accessing care, with a focus on points of access/ how often do they have to tell their stories.</p> <p>Mapping journeys of young people into employment, in combination with anaysing statistics about education and employment (for example: what % of graduates have a job within a year/ within five years? Are the jobs they are getting in the field they trained for? Do they have career progression? How do they find out about jobs/ how are they recruited?)</p>
Trustworthy	<p>Increased availability of health checks for young children; parents receiving reassurance and learning how to tell whether their children are well; decrease in rates of unnecessary children's A&E visits</p> <p>Young people feeling comfortable talking about mental health with health professionals; at school; and in community settings.</p> <p>Young people feeling safe at school and in communities.</p>	<p>% of children attending A&E not receiving treatment; % of children receiving health checks; mapping patient journeys.</p> <p>In-depth interviews with young people about worries, trust and emotions in various contexts.</p>

Recommendations for **babies, children and young people** in Hackney



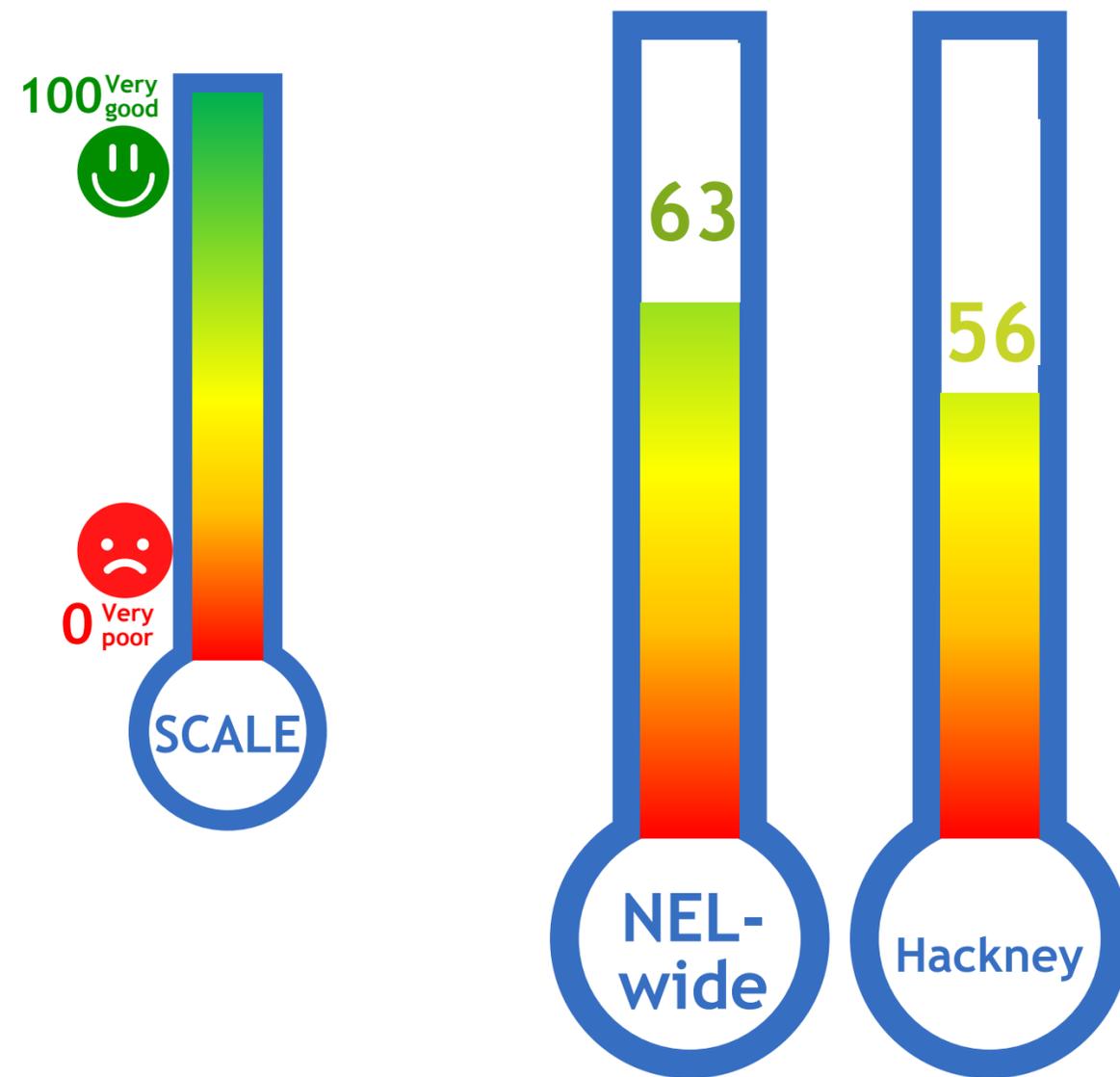
- ➔ **Improve access to mental health and wellbeing services, both for children/ young people and for new parents.**
- ➔ **Improve availability and affordability of early years education; bring back Sure Start.**
- ➔ **Monitor the quality of schools and education providers; track children's educational progress and identify those in need of educational support.**
- ➔ **Involve young people in informal educational activities - including on healthy living topics, such as sex education, substance misuse and mental wellbeing.**
- ➔ **Encourage children and young people to take part in team sports and other forms of physical activity at school; organise sports competitions and fun activities with a physical exercise element in the community.**
- ➔ **Provide free school meals for all children; ensure school meals are healthy and nutritious.**

Priority: long-term conditions

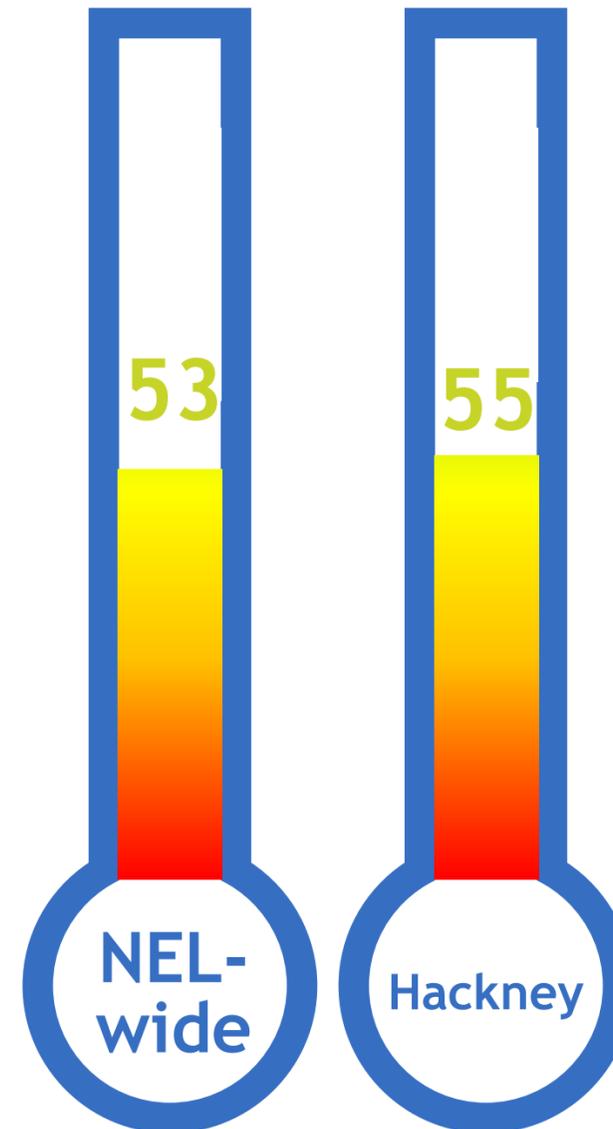
Survey respondents with long-term conditions



I am able to manage my long-term condition well



I am receiving good care for my long-term condition



Priority: long-term conditions

The good care model



Accessible

GP routine appointments are scheduled ahead of time and available.

Practical help solutions to empower people with long-term conditions to manage their lives and live well are available, including to those on low incomes.

People with long-term conditions have a reliable way of getting specialist advice when needed (for example: a helpline dedicated to their specific condition)

Exercising classes and physical activity are accessible for all levels, including those who need gentle exercise.

Workers with long-term conditions have the flexibility and accommodations the need to stay in work.

Competent

Health and care providers understand long-term conditions; including how different conditions and co-morbidities may impact each other.

Impartial, evidence-based advice on self-care and managing long-term conditions is available in the community.

Patients experiencing new symptoms are diagnosed promptly and reliably.

Person-centred

Primary care, specialist health services and wider community support are connected with each other.

Patient records are shared between services; referrals are processed smoothly and efficiently.

There is a single point of access for patients with a long-term condition (could be GP surgery, care navigator or community hub).

Patients are treated holistically, not each condition in isolation (especially for those with multiple conditions)

Trustworthy

Patients have access to routine check-ups and reviews, in order to understand the progress of their condition, make sure they are well and improve self-care ability.

Patients in the process of being diagnosed or those experiencing new symptoms are taken seriously, listened to and supported to manage in the meantime.

Workers feel safe disclosing their condition at work, taking sick leave or asking for accommodations.

Priority: long-term conditions

What makes the difference between those who manage their long-term condition well and those who manage them badly?



NHS has been efficient with appointments and investigations. I have had to wait long up until this year. I am now waiting on elective surgery (which should remove the long term condition), which was supposed to be with 2-3 months of agreeing to it in January, however I appreciate that the strike action within the NHS has delayed everything.

My doctor keeps changing my pills, and the amount taken

I have not been given enough timely information. I have not been able to access certain providers, like physio / dermatology as they are perennially engaged or don't have appointments available

I feel misunderstood by my psychiatrist and have zero support for my degenerative disc disease and arthritis

The individual issues are cared for well - BSO and mammograms, waiting list for preventative mastectomy etc, but each condition is siloed and I could do with someone other than me alone co-ordinating things and self-advocating.

How to measure success for people with long-term conditions based on what matters to local people



Pillar	Success indicator	How it could be measured
Accessible	<p>Increased availability of on-demand specialist advice for managing long-term conditions.</p> <p>Increased availability of routine check-ups for managing long-term conditions.</p> <p>Decrease in number of people accessing private services because of NHS waiting lists.</p> <p>Decrease in number of people leaving the workforce or limiting their career prospects because of long-term conditions.</p> <p>Decrease in number of people limiting their social lives because of long-term conditions.</p> <p>Increased uptake of physical activity among people with long-term conditions.</p>	<p>Audit of available resources (medical, patient and community) and mapping patient journeys in terms of accessing them.</p> <p>Engaging with patients about where they turn to for advice and care; and what obstacles they experience.</p> <p>Analysis of statistics about the employment status of people diagnosed with long-term conditions, in terms of type of jobs held, numbers of hours worked, career progression, rates of leaving the workforce before retirement age.</p> <p>In-depth interviews both with professionally successful people living with long-term conditions; and with people who have left jobs/ left the workforce entirely because of their long-term condition</p>
Competent	<p>Decrease in the amount of time it takes to get a diagnosis and receive appropriate treatment.</p> <p>Increased knowledge of co-morbidities and of how different long-term conditions impact each other among health and care professionals.</p>	<p>Mapping patients journeys; time passed from first symptoms to diagnosis and treatment.</p> <p>Engaging with health and care professionals about their knowledge of long-term conditions and their training needs.</p>
Person-centred	<p>Availability of specialist advice for managing long-term conditions in a variety of formats and settings (for example: phone helplines, online resources, community-based peer support groups etc).</p> <p>Decrease in the amount of time it takes to get a referral.</p> <p>Improvement in the sharing of data and records between services.</p>	<p>Mapping patients journeys; referral rate, time passed from first GP appointment to first specialist appointment, sharing of patients record and data</p> <p>Engaging with patients on whom they turn to for advice and their experience doing so.</p>
Trustworthy	<p>Increased availability of health checks; people with long-term conditions receiving reassurance and learning how to tell when they are well and when they need to be seen; decrease in rates of unnecessary A&E visits</p> <p>Workers feeling comfortable disclosing their long-term condition as work; asking for sick leave or adaptations as needed, with no fear of discrimination.</p>	<p>Audit of available resources in terms of routine checks and patient education.</p> <p>Monitoring of A&E attendance by patients with long-term conditions.</p>

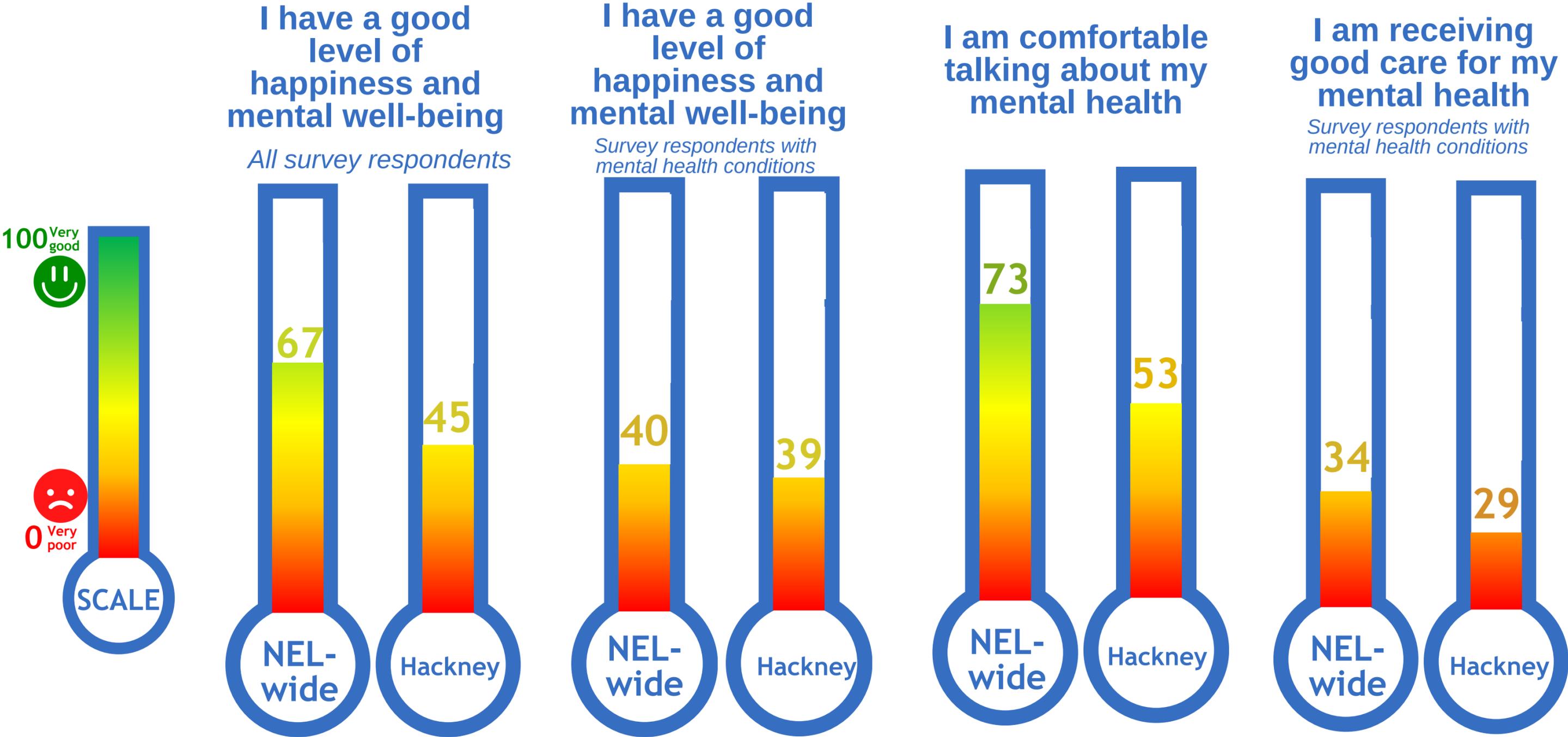
How care could be improved for people with long-term conditions in Hackney



- ➔ Improve access to GP appointments in person, including more frequent routine checkups. Improve continuity of care by assigning care for long-term conditions to named clinical staff.
- ➔ Improve access to interventions that can prevent conditions from getting worse proactively; including physiotherapy and other allied health disciplines.
- ➔ Improve cooperation between medical, social and community services in order to provide patients with necessary adaptations and other forms of support. Engage with patients on the specifics of what they need; work with employers, local business and public services for accessibility and inclusivity. Take a holistic approach- treat the person not the disease.
- ➔ Provide better self-management advice, on an ongoing/ as needed basis, including information on interpreting test results. This could include specialist helplines and peer support groups.
- ➔ Streamline repeat prescriptions; simplify the process of requesting them.
- ➔ Identify and proactively support vulnerable patients at risk of social isolation and loneliness.
- ➔ Ensure local people living with long-term conditions are empowered to live healthy lives; ensure they have access to adequate housing, including dealing with damp and insulation.



Priority: mental health and well-being



Priority: mental health and well-being

The good care model



Accessible

People can access therapy, specialist services (such as an ADHD diagnosis) or other forms of support (such as emotional support groups for mothers or grief counselling) within a reasonable time frame.

Health and care services understand stigma around mental health and difficulties some people may have in seeking help.

Therapy and counselling are available in a variety of community languages.

Mental health-related disability is taken into account when considering accessibility in healthcare, social care, community and workplace settings.

Competent

Health and care providers, including those not working directly in mental health, understand various mental health conditions and how they can impact access to care.

Health and care providers understand the link between physical and mental health.

Employers, school and community stakeholders have knowledge of how to promote well-being for all at a wider social level.

Person-centred

A variety of evidence-based treatment options are available (for example: multiple types of therapy rather than just CBT)

Health and care services work closely with the wider community to tackle issues such as poverty and social isolation, both for people experiencing mental health issues and for the wider community, as a prevention strategy.

Mental health is understood in a wider social context, not only from a strictly clinical point of view.

Trustworthy

Patients accessing services for mental health are supported long-term in a proactive way; follow-on support is available and routinely offered.

Patients can talk to health and care professionals about their mental health needs without fear of stigma or being dismissed.

Routine health check-ups (for example: for new parents, for people with long-term conditions, for the elderly) include questions on mental health and well-being.

How to measure success for mental health and well-being support based on what matters to local people

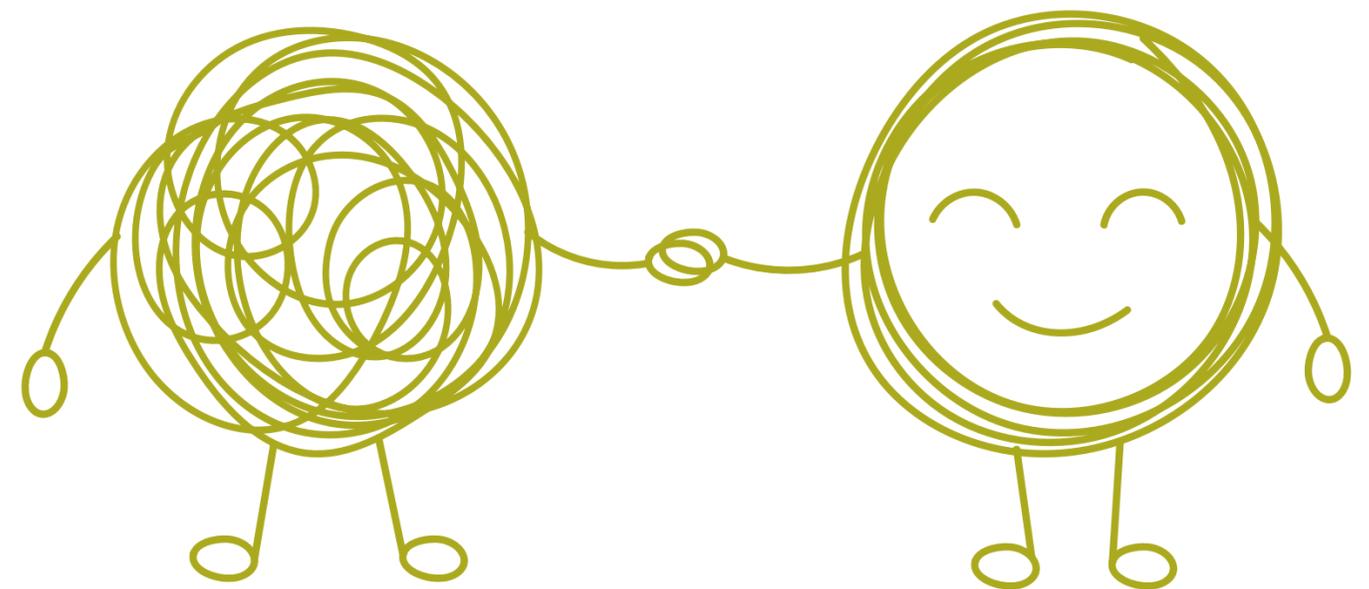


Pillar	Success indicator	How it could be measured
Accessible	<p>Decrease in waiting times for services such as IAPT, CMHT, CAMHS, autism/ADHD assessments etc.</p> <p>Simplification of the process by which people access care for their mental health- improvement in user experience</p> <p>Decrease in social isolation among people living with mental health issues</p>	<p>Data generated by services- “hard data” on waiting times.</p> <p>Engagement with service users; specific questions about user experience when trying to access care, and to take part in the life of their community.</p>
Competent	<p>Improved understanding, among health and care professionals, of the link between physical and mental health; improved understanding on mental health among professionals not specialised in mental health (such as GPs or occupational therapists).</p> <p>Improved understanding among managers of HR professionals of how to support health and wellbeing in the workplace, and how to accommodate workers experiencing poor mental health. Increase in number of people who report having a good work-life balance.</p>	<p>Engagement with professionals; data on training available and undertaken.</p> <p>Engagement with service users to assess the extent the feel professionals treating them are aware of mental health issues.</p> <p>Engagement with workers on their experience of mental wellbeing at work.</p>
Person-centred	<p>Increased integration between primary care, specialist mental health services, social care services and the voluntary/ community service,</p> <p>Increased availability and awareness of community services supporting local people, including but not limited to those affected by mental health issues, with topics such as access to benefits, employment rights/ employability, tackling social isolation etc.</p>	<p>Data generated by services- mapping of referral systems and patient journeys.</p> <p>Audit/ stock-take of available community resources.</p> <p>Engagement with service users on their experience.</p> <p>Engagement with local people who may need support but are currently not accessing it</p>
Trustworthy	<p>Increased availability of follow-on appointments and routine check-ups for patients receiving mental health care.</p> <p>Patients feeling comfortable talking t about their mental health- to health and care professionals; to friends and family; in the workplace.</p> <p>Decrease in number of people who report feeling worried about issues such as poverty, housing or safety locally.</p>	<p>Data generated by services- availability and uptake of follow-on.</p> <p>Engagement with local people on their experience of communicating about mental health in various situations</p> <p>Hard data/ statistics: relation between mental health diagnosis and poverty/ deprivation; elation between mental health diagnosis and unemployment and/or leaving the workforce before retirement age</p>

How care for **mental health and well-being** could be improved in Hackney



- ➔ Improve GPs awareness of mental health issues and the referral pathway; improve knowledge of mental health issues among medical professionals not specialised in it.
- ➔ Improve access to therapy and counselling.
- ➔ Improve access to community social and leisure activities for people on low incomes and other excluded or disadvantaged groups; tackle loneliness and isolation.
- ➔ De-stigmatise mental health and neurodivergence at a society level; provide holistic social support to people experiencing mental health issues, especially those on low incomes.
- ➔ Offer mental health support in the workplace/ through employers; EAPs. Improve work-life balance and ensure work stress doesn't negatively impact workers' mental well-being.
- ➔ Provide support to trauma and abuse survivors.





Priority: workforce and employment

What kind of support would people need for a health or social care career?

- ➔ Pathways to training while getting paid (such as apprenticeships); availability of free training; less reliance on volunteering/ unpaid work for gaining experience.
- ➔ Mentoring and shadowing opportunities from people with experience in the field; information on qualifications needed for specific jobs; support in matching existing or transferrable skills with job opportunities. Job cafes and open days.
- ➔ Work experience in partnership with schools; career advice in schools not exclusively focused on high academic achievers.
- ➔ A clear and realistic career progression path; a living wage at entry level.
- ➔ Workers having a say in how their workplace is run/' management accountability to workers.
- ➔ Better connections with the local community (shops, community centres, faith groups) for advertising jobs, training opportunities and mentoring.
- ➔ ESOL training for immigrants with health and care experience in their countries of origin.
- ➔ Disability-friendly workplaces, including for those with mental health related disabilities.
- ➔ Accommodations for working parents and carers, especially single parents.

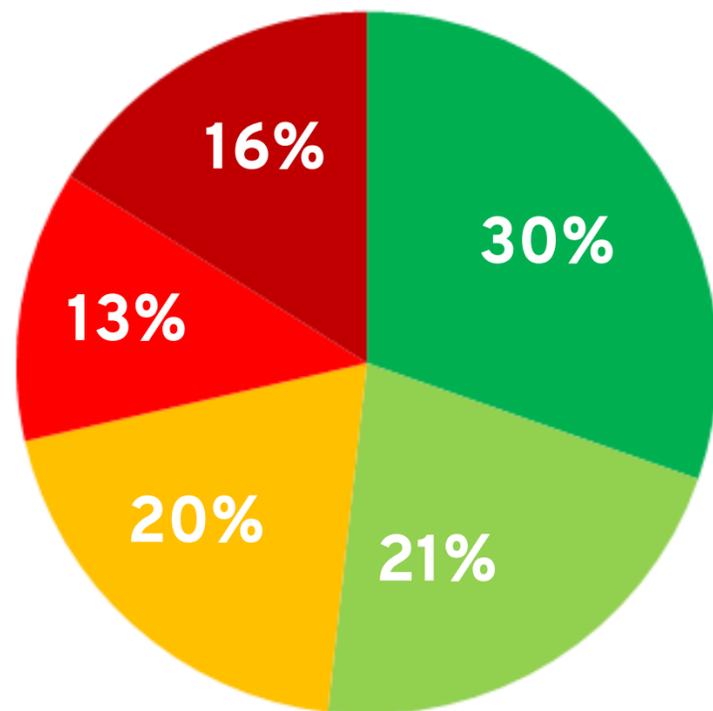
Priority: workforce and employment

Volunteering

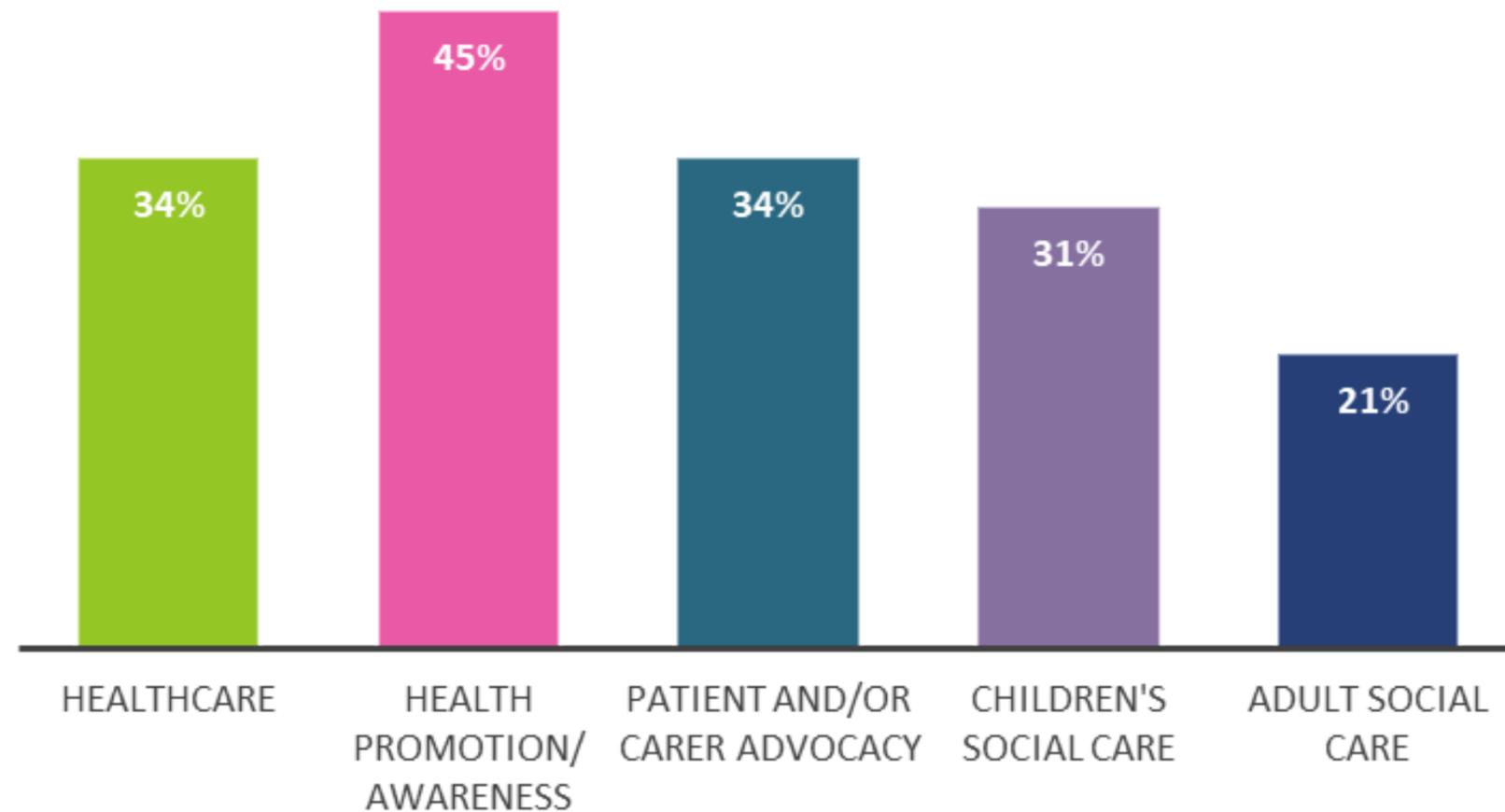


About half of survey respondents would potentially be interested in volunteering locally.

66% of those interested in volunteering would be interested in health and care volunteer work.



- Definitely yes
- Probably yes
- Maybe/ not sure
- Probably not
- Definitely not



Priority: workforce

The good care model



Accessible

People can train/qualify professionally and earn at the same time; entry-level jobs pay a living wage.

Workplaces offer flexibility and adaptations for those who need it (disabled, parents, carers etc.); including those with mental health related disabilities.

ESOL classes are available for those with employable skills from abroad.

The job advertisement and recruitment process is designed with diversity in mind, tackling obstacles faced by under-represented groups.

Competent

Understanding of health inequalities/holistic approaches to health is built into training for all health and care professionals.

Health and care professionals feel supported and empowered to do their jobs to the highest possible standard of quality.

Knowledge is shared through mentoring and shadowing; ; support in matching existing or transferrable skills with job opportunities.

There are comprehensive guidelines about how to qualify for specific professions.

Person-centred

There is a good level of flexibility and work-life balance, to the full extent of what the nature of the job allows.

Schools, universities and training providers work together with employers to train local people in the right skills and connect skilled workers with relevant jobs.

Career advice in schools doesn't focus exclusively on academic high achievers.

Workplaces establish connections with the local community (shops, community centres, faith groups) for advertising jobs, training opportunities and mentoring; jobs are advertised where the community is rather than expecting jobseekers to know where jobs are.

Trustworthy

Workers have a good level of job stability.

There is a clear and realistic career progression path.

People can talk about their needs in the workplace, including their mental health needs, and ask for flexibility or adaptations without fear of discrimination or judgement.

Workers feel appreciated and believe they are making a difference

How to measure success for work force development based on what matters to local people



Pillar	Success indicator	How it could be measured
Accessible	<p>Increase in opportunities to access health and care jobs among groups who would otherwise struggle to access this career path.</p> <p>Increase in workplace flexibility</p>	<p>% of workers who are from disadvantaged backgrounds/ have caring responsibilities/ are from any other under-represented groups, in junior and senior positions.</p> <p>Engagement with jobseekers and workers, to understand their career progression and experience.</p>
Competent	<p>Improved knowledge of issues such as health/ social inequalities and mental health among health and care professionals; and among managers in various fields.</p> <p>Increased number of professionals who feel confident and empowered to do their jobs well.</p>	<p>Engagement with health and care professionals; data on training available and undertaken.</p> <p>Assessment of training needs, monitoring of how they are being met.</p> <p>In-depth interviews on mentoing and knowledge-sharing.</p>
Person-centred	<p>Improved collaboration/ continuity between education/training and work; improved collaboration between workplaces and key community stakeholders.</p> <p>Culture of workplace flexibility, in which workers can have work-life balance and align their career goals with other aspects of their lives.</p>	<p>Mapping career journeys.</p> <p>Audit/ stock-take of available community resources in terms of education, training and employability advice.</p> <p>Engagement with workers on career rprogression and work-life balance.</p>
Trustworthy	<p>Increased rate of success/ positive outcomes for working requesting flexibility or adaptations in the workplace (for example, as new parents or to accommodate a disability).</p> <p>Workers feeling comfortable talking about their mental health and well-being at work.</p> <p>Workers feeling optimistic about their career progression and job stability.</p>	<p>% of new parents, people with long-term conditions etc. continuing to work vs. leaving the workforce;</p> <p>Mapping/ monitoring career progression, including for groups such as parents and people with long-term conditions.</p> <p>Engagement with workers on communication and trust in the workplace.</p>