Involving people and communities in the development of the Sussex Integrated Care Strategy

Better health and care for all

CONTENTS

1   EXECUTIVE SUMMARY

"Improving Lives Together" – the strategy that outlines the ambition for a healthier future for Sussex - outlines an ambition to improve the lives of people living in Sussex, now and in the future, and to work differently with our people and communities to make this happen.

Our strategy was developed collaboratively with partners across the health and care system, and with insight from people and communities across Sussex, including our workforce. This report outlines how this insight was sought, collated and used to shape the priorities within the strategy, and how this insight will continue to support the delivery of the ambitions and priorities outlined within the strategy.

We continually reach and hear from our people and communities**; an initial exercise to collate high level insight from the past 12-18 months** provided themes about what people had felt was most important to them. Further insight was sought to test these themes, and to provide contemporary feedback about current reflections and priorities about the health and care system, through an **online public facing survey, a targeted survey to elicit information about some of our most marginalised groups and communities, and a broad public engagement exercise** to reach and hear from people in locations across Sussex. Across this engagement, people were invited to share their views on the following areas as draft priorities:

> - **Prevention and early intervention**
> - **Shaping care and support around "what matters to me"**
> - **Joining up care and support in neighbourhoods and communities**
> - **Addressing health inequalities**
> - **Supporting and growing our health and care workforce**
> - **Promoting social and economic wellbeing by supporting the local economy and providing opportunities to those most disadvantaged**
> - **Tackling social isolation and loneliness**
> - **Supporting emotional health and wellbeing**
> - **Using data to target care and support, and using technology for access to, and delivery of, health and care services**

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In addition, **insight from our workforce** from existing sources was reviewed, and several additional conversations held to ascertain priorities and reflections. It was agreed that active engagement with our workforce, beyond invitations to participate in existing mechanisms, was inappropriate given the known pressures on the health and care system.

The priorities for the people and communities of Sussex as heard through this work are shown below.

Growing and supporting our workforce

People recognised the experience of the health and care workforce and expressed concern about ongoing capacity. The need to grow and support the workforce was widely recognised, including by the workforce itself.

Prevention and early intervention

With increased need for services, it was recognised that preventative work – such as good information, health checks and support for children and young people – is key. The need for this to effectively reduce demand on health and care services was acknowledged.

Joining up health and care services in neighbourhoods and communities

It was widely acknowledged that services need to be more joined up, in order to support people more effectively and to provide more efficient ways of working, with better communication being key to this. Sharing of health records was also important, but some did express concerns relating to data security.

Our Voluntary, Community, and Social Enterprise (VCSE) partners were recognised as key assets in supporting people and communities, particularly within neighbourhoods.

Person Centred services

It was felt important that services should be shaped around the person - "What matters to me" – recognising the expertise people have in their own health and the value of embedding lived experience. Increased co production and co design were felt to be important, including in improving efficiencies in health and care services.

Emotional health and wellbeing

This was highlighted in several ways in the insight - recognising in particular the legacy of the COVID pandemic, the need for early intervention and that many existing mental health services are pressured. Timely and effective support for children and young people was felt to be particularly important, including early intervention, access to assessment and diagnosis, and ongoing care, plus information and support for families.

Tackling health inequalities

This theme ran through a number of priorities as well as receiving support as a discrete area, particularly evident in the feedback from VCSE supporting some of our most marginalised groups and communities. It was widely recognised that health inequalities are unacceptable, and that the "gap" has been widened in the current cost of living crisis. There were concerns raised that some key areas such as increasing digital access could increase health inequalities if potential inequity was not recognised and addressed.

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During the course of the engagement, many people were supportive of the outlined aims, ambitions and priorities outlined, and many people said that they would like to continue to be informed and involved as the delivery of the strategy progresses.

As part of this work, questions from a national survey were used in our public facing survey to benchmark public confidence in the local delivery of health and care services. It is significant that, for all areas, only a minority of respondents were "somewhat confident" or "very confident"; however, this will provide a way to assess the impact of the health and care strategy on public confidence, and clearly shows the need to ensure effective communication of both the strategy and ongoing delivery and improvement.

This report outlines the insight provided in detail and gives an overview of the key themes for each part of the engagement.

2   CITIZEN ENGAGEMENT

2.1   Collation of insight over the past 12-18 months

Insight is continually sought from the people and communities across Sussex, through a range of methods and by partners across the health and care system.

In order to inform early development of the health and care strategy, and to support the development of an effective engagement approach, a literature review summarised insight from a range of involvement opportunities that took place between 2018 and 2022. The 18 reports reviewed included topics related to the wider health and care system, rather than in depth insight relating to specific services or communities. The review was carried out by an independent organisation.

Key themes in the report centred around the following:

- Personalised care and shared decision making

- The need to reduce health inequalities

- Access to care (including remote access to care and digital inclusion, access during the COVID pandemic and access in a more general context)

- Communication and information (including access to information, channels of communication, and communication support)

- The impact of the COVID pandemic and ongoing priorities related to this period

- Relationships and connections (including community support and social connections, reducing social isolation, and the impact of financial hardship)

The full report can be found here: https://www.sussex.ics.nhs.uk/our-vision/developing-the-sussex-integrated-care-strategy/

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2.2   Better Health and Care for All public survey

A public survey was published on Monday 10th October to socialise the nine emerging priorities from the work to date, and to encourage the local population to have their say on what was most important to them. 1,443 responses were received over a four week period.

To increase reach and increase the response rate, the survey was promoted through NHS Sussex and partner websites, organic and paid for social media, newsletters, distribution lists and on materials that were shared at events, and promotion through partners' own communications. Further advertising was used to target areas where response was lower.
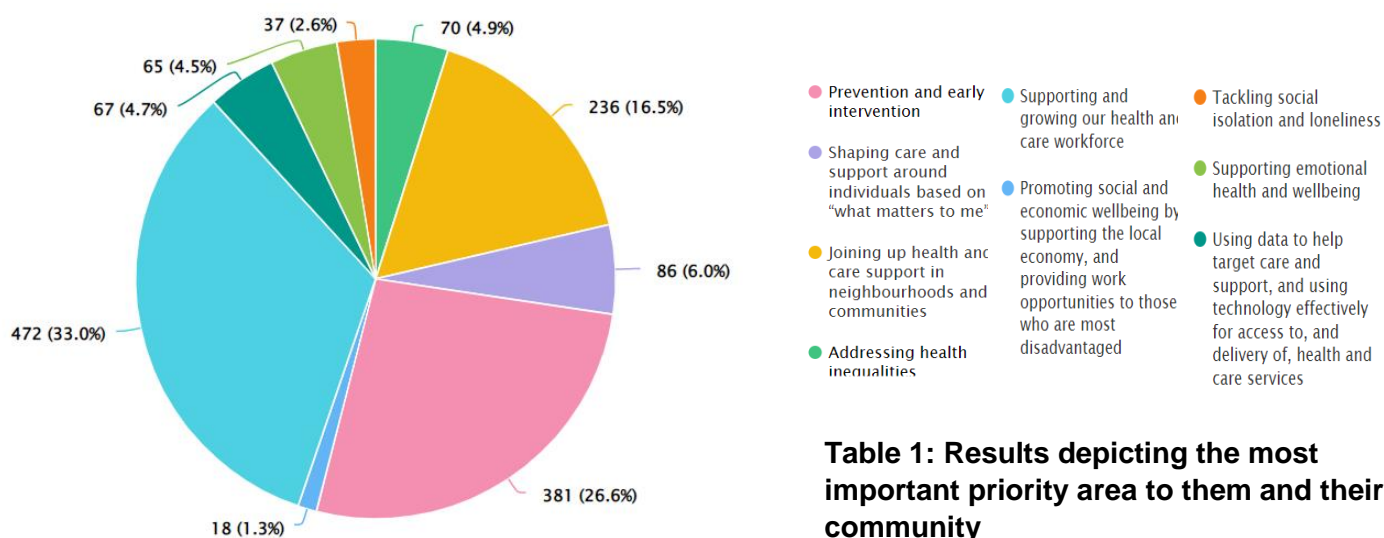

Legend:
- Prevention and early intervention
- Shaping care and support around individuals based on "what matters to me"
- Joining up health and care support in neighbourhoods and communities
- Addressing health inequalities
- Supporting and growing our health and care workforce
- Promoting social and economic wellbeing by supporting the local economy, and providing work opportunities to those who are most disadvantaged
- Tackling social isolation and loneliness
- Supporting emotional health and wellbeing
- Using data to help target care and support, and using technology effectively for access to, and delivery of, health and care services

Table 1: Results depicting the most important priority area to them and their community

1/3 of participants felt **supporting and growing the workforce** was the most important priority to the system.

Participants recognised current challenges with workforce, the impact of the pandemic on mental health and the importance of the wellbeing of staff.

There was recognition of a growing older population requiring a larger workforce to manage the need, particularly in care services. Many respondents felt that without the staff, no transformation in services or additional funding will prove successful.

"Without a workforce that is adequate, both in numbers and the support it needs, all other initiatives will fail."

Over ¼ of participants felt **prevention and early intervention** should be prioritised.

Reasons including using NHS funding wisely (72 responses), saving lives (26 responses) with further comments about improving quality of life, and relieving the demand on staff (25).

Participants felt there should be more support for children to have the best start in life with more information around childhood immunisations, dentist check-ups and education around eating well from an early age.

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Annual health checks, cancer screening and men's health checks were noted as key to support early intervention.

"Increases chances of maintaining better health and less likely to lead to high-cost interventions and unnecessary suffering"

Joining up health and care support in neighbourhoods and communities was also seen as an important priority.

Many personal examples were shared demonstrating disjointed and fragmented health and care services, which are difficult to navigate. People said that they were often asked to travel long distances which can be difficult when unwell.

Participants recognised that joined up care would avoid duplication and provide opportunities for resources to be used more effectively. Voluntary and community sector organisations were described as assets in local communities who could work more closely with health and care services to support people whilst waiting or moving between services.

Better communication between services, and between services and people was seen as an opportunity to improve experiences, avoid confusion and stop people falling through the cracks.

"Many services are disjointed, and appointments often seem unnecessary if services communicated. In addition, some services could be made much more accessible by being community based."

Participants felt people are individuals and **shaping healthcare around the individual (personalised care)** will ensure a better health outcome

It was felt a "one size fits all" approach was unhelpful as people are able to manage different options. It was felt that healthcare should be agreed not dictated, but there was recognition that this is due to a lack of time and resources. Open and honest communication between patient and clinician was thought to be key to this priority being a success.

"Ultimately, someone's health belongs to them, not to the system. A person knows their body and mind best even if they can't diagnose what's wrong. They know what motivates and disincentivises them. A system built around the needs and preferences of an individual is more likely to see that person fully engage with it"

Using data and technology efficiently to provide access to, and delivery of, services will enable the NHS to become more efficient (10 responses) save time (8 responses), and increase joined up care (6 responses).

There were examples of being sent for the same test multiple times, treatments not being recorded, and services not being able to see certain notes and files. Participants were, overall, agreeing with the need to use technology to cut inefficiencies and improve patient experience and outcomes.

"Data and consolidation are the answer but there is too little investment in stream-lining the service. Look at what great companies like Amazon have done to retail and this is the kind of revolution we need on the health business."

Those who felt **health inequalities** should be a priority shared personal examples of being a part of underrepresented communities that feel "left behind", ignored, forgotten, and discriminated against by NHS services. Some participants noted the increasing gap in health inequalities due to the cost-of-living crisis – poverty was seen as a key factor that is impacting on health outcomes.

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"I know adults with learning disabilities who are unable to access service because you need to fill in forms at GP or go online…."

Supporting emotional health and wellbeing was seen as the most significant priority by 4.5% of participants. This is lower that other insight capture show but may reflect a view that emotional health links into prevention and early intervention and supporting and growing the workforce. 25 of 52 responses state that there is a lack of services available due to being oversubscribed, or no services at all, 13 of 52 responses mention the lack of support for children and young people, and 8 people describe the increase in need due to the pandemic and cost of living crisis

"I am shocked by how many young people and young adults are on mental health medications because other non-pharmacological therapies are too booked up."

2.3   Reaching and hearing from marginalised communities

To ensure that the voices and views of some of our most marginalised communities were sought but recognising recent feedback about "over engagement" and barriers to responding to surveys in particular, focused insight was sought from trusted VCSE intermediaries.

38 responses were received from VCSE supporting a range of communities including:

- Ethnically diverse communities (4)
- People with learning disabilities (3)
- Older people (3)
- Young people (3)
- Carers (3)
- Trans, non-binary, and intersex people (2)
- LGBTQ+ people (2)
- People with substance misuse issues (2)
- Gypsy, Roma, Traveller communities (2)
- People on a low income (2)

Which of these priorities is most important to the people and communities you work with and support, based on the insight you have?

- Health inequalities
- Supporting emotional health and wellbeing
- Shaping care around what matters to me (personalised care)
- Joining up health and care services in the community
- Prevention and early intervention
- Tackling social isolation
- Supporting local economy and providing work to those who are most disadvantaged
- Growing our workforce
- Using data and technology to improve access and delivery of services

Table 2: Results of survey: VCSE groups

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Tackling health inequalities, supporting emotional health and wellbeing, and shaping care around the person were seen as the top three priorities for these communities.

Issues with accessing services, language barriers, discrimination, and a lack of cultural awareness are cited as reasons why **health inequalities** exist and need to be the top priority.

"Many Travellers we work with have had lots of negative experiences of primary care services in Sussex from being turned away from registering at a GP practice to health care professionals not understanding their culture and as a result leaving patients in significant distress. Members of the GRT community in Sussex are fed up and really want a more inclusive healthcare service."

Many of the VCSE organisations are supporting people who are struggling with **mental health and wellbeing** exacerbated by stress linked to the pandemic and the cost of living crisis. There was a particular mention of increasing suicide rates in Trans and non-binary communities.

"Many people are still fearful post COVID and are facing very long waits to sort out their chronic and physical health problems meaning a perfect storm for mental health across the board."

VCSE organisations felt that by **shaping care around the whole person,** health and care services would respond to patient need, save time and resources, and make the person feel cared for and therefore more likely to follow treatment plans.

"People tell us they feel that health and care support is not working for them - they feel like they are a 'whole person with different and varying needs' so services and support needs to be able to appreciate their 'whole and varying situation' and not just focus on one part or element of their needs."

Data and digital solutions were not considered a priority which is be because many of the communities they represent are recognised as digitally excluded due to cost, lack of skills and/or language barriers.

"The push towards digital is making sections of our communities worry, believing they will be left behind."

2.4   Reaching and hearing from residents in our towns and cities

Between September and December 2022, the emerging priorities for the health and care strategy were shared through face to face engagement at 35 community opportunities in key towns and cities across Sussex – see Appendix 1.

Discussions around which areas were felt to be priorities were held, and conversations ranged from quick prioritisation exercises to more in-depth discussions about issues that are important to people and any perceived gaps.

The key points from this engagement are represented below:

The public understood the need **to support and grow the workforce.**

There were concerns around how services will manage through winter due to workforce challenges, with patient safety being a key concern. It was noted that inefficiencies add to the workload, with patients being asked to repeat healthcare concerns multiple times, staff not communicating with each other leading to confusion around treatment plans, and patients being

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asked to attend the same clinics for tests on different days. There was general agreement that the workforce should be a top priority as without adequate numbers of trained staff, services cannot run effectively.

Prevention and early intervention regularly came out in the top three priorities with **children and young people's mental health** being a prime concern.

We heard about long waits for children to have an initial assessment. Primary care was seen as a driver for early intervention, but in parts of East Sussex in particular, there was concern about face to face access, and more widely there were many discussions around the need to reintroduce annual health checks. Self-referral into local early intervention services would be welcomed, for example the Alcohol Wellbeing Services.

Joining up health and care support in neighbourhoods and communities felt aspirational and challenging to implement.

It was reflected that it felt services are disappearing locally, rather than being rooted in communities - with more services being provided at scale. However, people wanted to see that level of local support. There was also a reflection that NHS services do not feel joined up to some currently, and this should be addressed before the wider work to integrated with care services.

Some felt that the solution to tackle social isolation and loneliness already exists. VCSE provide a range of peer support groups, forums, and befriending services to support people living in social isolation, and with more resource they could reach more people. This should not be an NHS priority but should be funded by NHS and Local Authority and more widely promoted through social prescribers, health visitors and social workers.

Having come out of a worldwide pandemic, those engaged with agreed that **supporting emotional health and wellbeing** is a priority.

Many personal experiences were shared around people struggling with mental health and coupled with long waits for support and social isolation. CAMHS was regularly raised as a serious concern - despite an increase in funding, the need continues to outweigh the capacity, and there needs to be greater focus on improving access. There were personal reflections that some unpaid carers are waiting to receive mental health support and CBT whilst trying to continue as a carer; it was felt that there should be fast track support to support carers with the role they fulfil.

Using data and technology to improve access and delivery of services was seen a potential opportunity by some but there was clear feedback that technology must complement not replace current services.

Digital exclusion and rurality need to be taken into consideration. Technology does fail and participants gave examples where phone or Wi-Fi signal was too weak, and calls were abandoned, therefore impacting on people getting support.

People want to take better control of their health and **shaping care around "what matters to me" (personalised care)** provides opportunities to do this.

Discussions at several events centred around the need for more consistent co-production and co-design of services with the people that use them to ensure the services are accessible and fit patient need.

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"Tackling health inequalities" was said to be jargon to the public so a clearer explanation was required. Many examples of issues faced by marginalised communities were shared including:

- Delays when registering with a GP practice, and how the delays impacted on long term conditions (migrants and refugees at Sanctuary Café)
- Lack of interpreting provision to support people where English is not their first language which can impact on diagnosis and treatment (interpreter workshop and Seaford Store House)
- Lack of provision and discrimination impacts on the physical and mental health of trans people (Crawley Trans engagement)
- Lack of understanding and awareness around veteran needs when reintegrating into civilian life, particularly where they have reduced mobility (veteran drop in)
- Unpaid carers receiving little support or respite to manage their health and wellbeing, whilst caring for someone.

When data around average healthy life expectancy was shared, people were quick to agree that tackling health inequalities should be a clear area of focus.

Supporting local economy and providing work to those who are most disadvantaged did not resonate with members of the public. People referred to the cost-of-living crisis but didn't connect it with this.

The public agreed that the nine themes broadly resonated with their views of health and care services, but three additional themes surfaced from conversations:

Communication:

Participants felt that the NHS needs to be more effective in communicating with patients; providing accessible information, offering consistent communication support to those who do not speak English as a first language, updating patients on timeframes when on waiting lists, and proactively signposting to VCSE services to access support whilst waiting. Communication between services also requires improvement. Examples were shared of GP referral letters not being received by hospitals, test results not being shared between services, and patients having to explain their healthcare need multiple times.

Impact of cost-of-living:

People were anxious about the impact of cost-of-living on physical health (eating nutritious meals, exercising, keeping warm), and mental health (stress and anxiety around financial impact). Those living in deprivation or rural areas have no support systems and cannot access warm hubs without travelling, which usually incurs a cost.

Raising negative experiences:

Throughout the involvement events, the public shared personal experiences of either themselves or family members being poorly treated by staff with examples of patients feeling talked down to, treated like an inconvenience, or being rude. Patients did not feel empowered to complain and those who tried to take a complaint forward found the complaints process overly complicated to navigate. Complaints were not being responded to adequately, often coming across as defensive and refusing to accept any liability. The process is not seen as fair, open, or welcoming.

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2.5   Sussex Health and Care virtual events

Two public facing virtual events took place led by the NHS Sussex and Sussex Health and Care Assembly Chair. The Sussex Health and Care vision, ambitions and emerging priorities were presented to more than 80 members of the public, workforce, and VCSE representatives with opportunities to reflect and ask questions. A recording of the event was shared to increase engagement.

Key themes included:

- **enthusiasm** and optimism of real impact and change around the ambition and priorities of the Sussex Health and Care Assembly
- a desire to **support and get involved** in the design and delivery of the priorities from members of the public and VCSE
- several discussions about **managing the workforce**; supporting mental health and wellbeing, retaining current staff, and finding ways to make working in Sussex more appealing
- discussions about **individual experiences of accessing care**, and the areas that require improvement
- the need to **tackle health inequalities for specific communities** including Gypsy, Roma, Travellers, rural communities, those living in deprivation and other marginalised communities
- involving people from **marginalised communities in meaningful activities** and not relying solely on surveys to gain feedback, recognising the response rates are not representative
- **communication,** both with the public and between services was discussed and recognition of the need to simplify language is vital to gain buy in and trust.

2.6   Engaging children and young people

A discrete engagement event with a number of children and young people (CYP) and representatives from VCSE organisations that work with CYP with emotional health and wellbeing issues and/or learning disabilities took place and supported a collection of insight gained through our public facing survey.

Conversations centred on the importance of the health and care system focussing more on prevention. The young people, and organisations supporting them, highlighted **better access to services and getting the right support at the right time** was key to improving the mental health and emotional wellbeing of children and young people.

Social prescribing was discussed as a positive and welcomed model to support children and young people in the early stages of a mental health issue, as well as services 'checking in' with young people who are at risk not just communication to organise crisis support.

Better partnership working between the education system and health services was discussed, with the role of SENCOs being seen as key to influencing referrals and outcomes for children and young people, and that decision-making should always include health professionals.

Attendees felt that **practitioners needed to increase their professional understanding of mental health and neurodevelopmental conditions**.

Similar to wider insight, the importance of person centred care was seen as key, as was the desire to be believed when discussing their own health:

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"I know when something isn't right with me. It's frustrating to not be believed when I highlight how I feel mentally and physically and the other conditions I might have"

It was also felt that the system needs to change the way it viewed neurodiversity as a deficit. Young people agreed that there are advantages to these conditions and that these should be celebrated and nurtured more.

Embedding **Lived experience** was discussed as key to accessibility of services and trust in the staff, and that being **supported by staff with similar protected characteristics** or had gone through similar life events to their own, would increase CYO engagement in services.

Attendees recognised workforce challenges and agreed that **increasing recruitment needs to be a priority**. There were discussions around the need to provide opportunities for young people to enter the workforce, and to ensure that the focus on qualifications and experience do not exclude young people, particularly those from disadvantaged backgrounds. Models such as apprenticeships and supported employment were suggested.
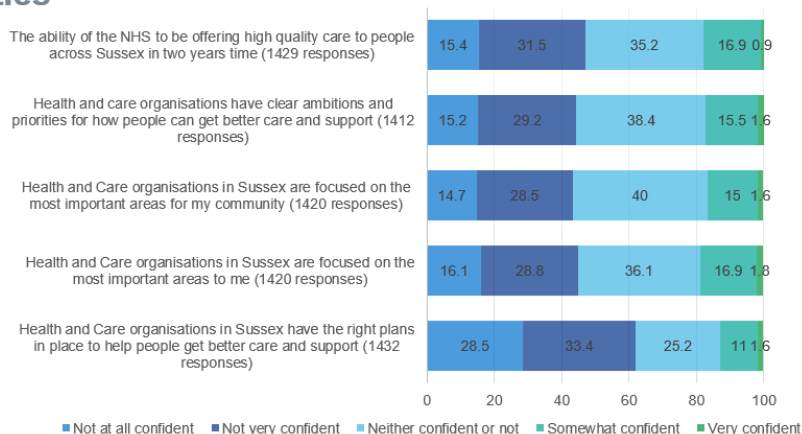
Finally, attendees felt strongly that youth voice should be encouraged and supported, with six key messages agreed to take forward in partnership:

- Listen, hear and act more
- Develop a model for youth voice
- Increase partnership working
- Improve communications methods - include voices that need to be engaged more
- Diversify the workforce and increase opportunities for young people
- Strengthen opportunities for CYP to receive feedback, take part in evaluation and the quality assurance of services, projects, and programmes.

2.7   Public confidence in health and care services across Sussex

To benchmark current public confidence in the NHS, questions from a national survey were included in the wider public survey. These questions will be repeated on a six monthly basis to see if there is a change in public opinion as the five year Integrated Care Strategy is implemented.

The public response to Sussex Health and Care priorities

	Not at all confident	Not very confident	Neither confident or not	Somewhat confident	Very confident
The ability of the NHS to be offering high quality care to people across Sussex in two years time (1429 responses)	15.4	31.5	35.2	16.9	0.9
Health and care organisations have clear ambitions and priorities for how people can get better care and support (1412 responses)	15.2	29.2	38.4	15.5	1.6
Health and Care organisations in Sussex are focused on the most important areas for my community (1420 responses)	14.7	28.5	40	15	1.6
Health and Care organisations in Sussex are focused on the most important areas to me (1420 responses)	16.1	28.8	36.1	16.9	1.8
Health and Care organisations in Sussex have the right plans in place to help people get better care and support (1432 responses)	28.5	33.4	25.2	11	1.6

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In all but one question, 40-50% of respondents were "not at all confident" or "not very confident" about delivery of health and care priorities in Sussex; however nearly 62% of respondents were not confident that health and care services have the right plans in place to help people get better care and support, which is significant in thinking about how the Integrated Care Strategy is shared and implemented, and will provide an effective benchmark for assessment of the success of the strategy and how progress and achievement is communicated.

3   WORKFORCE ENGAGEMENT

Views and insight from our workforce are vital to capture in the development of the strategy; it should, however, be recognised that many of our workforce are users of health and care services, so broader insight capture to some extent will also reflect this. For this focused period of engagement, views of our workforce were heard through:

- Virtual public meetings
- Attending face to face drop ins with the Executive and Non-Executive Directors, and internal directorate discussions (NHS Sussex)
- Completing our public facing survey
- Insight from the 2021 Staff Survey - NHS Trusts across Sussex
- Existing insight from adult social care workforce (note this is from one of our local authorities)

The mental health and wellbeing of the workforce was the most common theme across the insight; there was widespread recognition and concern about the demand being faced, particularly by front line staff, exacerbated by the percentage of workforce on short term sickness and vacancies.

There was also a particular concern raised around the older age of the many of the current workforce, and the need to both appreciate the long-term conditions associated with age impacting on employment, and also the loss to the workforce through retirement and the impact on future workforce.

Recruitment and retention were felt an important factor; retention will be key to creating a stable and resilient workforce, supported by improving learning and development opportunities for current staff, focusing on career progression and the ability to work across organisations in new and diverse roles. Recruitment to existing vacancies and new roles is also key to delivering system priorities.

This insight will be extended through a deliberative engagement process due to take place in January and February 2023, bringing together 30 members of the health and care workforce, to further explore some of the themes above and to discuss the workforce in both organisational and system contexts.

4   CONCLUSION

Through the extensive range of activities outlined, individuals and communities have had the opportunity to share their views of the priorities for health and care in Sussex, to help inform our strategy. Growing and supporting the workforce, joining up health and care in neighbourhoods and communities and prevention and early intervention were clear priorities across the engagement, with health inequalities and supporting emotional health and wellbeing being clear priorities for

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those supporting and representing marginalised communities. Strong clear communication between staff and patients/people, and between services runs as a golden thread through these priorities.

Whilst the levels of confidence represented were low, when having individual conversations with people there was a sense of optimism and hope; people were engaged and felt the ambition of the strategy as outlined were relevant, transformational, and could have a significant impact on the population of Sussex.

Whilst recognising the challenges faced across the health and care economy, participants regularly reported that they would like more opportunity to get involved in the design and delivery of models of services, with a sense of wanting to support health and care services to deliver these priorities, and design healthcare that fits the needs of the local population.

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Appendix 1: face to face Citizen Engagement

Date	Location	Type of event	Community	Approx. numbers engaged
03.09.22	Crawley	Existing local network	Trans & Non binary	18
08.09.22	St Leonards on sea	Hastings Older Peoples Ethnic Group	Older people	40
15.09.22	Uckfield	Wealden Community Network	General public	20
20.09.22	Lewes	Networking event	General public	30
20.09.22	Eastbourne	Healthwatch listening tour	Local people	30
21.09.22	Battle	Rother Community Network	General public	50
21.09.22	Henfield	Pregnancy, maternity and mental health focus	Parents and community volunteers	15
27.09.22	Eastbourne	Community network meeting	Local People	60
28.09.22	Hove	West Hove Forum	General public	30
04.10.22	Horsham	Horsham District Older Peoples Forum	Older people	16
06.10.22	Seaford Storehouse	Foodbank	Those living in deprivation	14
07.10.22	Chichester Pavilion	Public Forum	Local people	70-80
12.10.22	Burgess Hill	Mid-Sussex Voluntary Action Health Forum	Local community groups with a health focus	20
15.10.22	Eastbourne	Healthwatch Listening Tour launch event	Local residents	20
17.10.22	Shoreham	Adur - Alcohol Wellbeing Launch & Network Event	Local wellbeing team	6
19.10.22	Crawley	Menshare support circle	Men from areas of deprivation, poor mental health	11
19.10.22	Crawley	Carers drop in	Local carers	10
21.10.22	Rye Community Centre	Seniors Community Fair with Sally Ann Hart MP	Older local residents	50
22.10.22	Defiant Sports at The Crumbles	Healthwatch listening tour	People living with disabilities	15
24.10.22	Crawley	Armed Services and Veterans	Armed Services personnel and Veterans	16
26.10.22	Brighton	Children and Young People Leads	CYP Leads, relevant VCSE and Healthwatch	20
27.10.22	Eastbourne Town Hall	The Big 'Health and Care' Question Time – live event	Local communities	50

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10.11.12	Winter Garden	Big Sparks	Local community groups	150
16.11.22	Haywards Heath	Older Peoples Groups Forum	Local community groups	22
18.11.22	All Souls Church Halls, Eastbourne	Sanctuary Café drop in	Refugees and asylum seekers	20
24.11.22	Brighton (central)	Carers Rights Day (Hosted by Age Concern)	Carers	28
30.11.22	Crawley Free Shop	Dorsten Square, Crawley	Local residents	30
06.12.22	Bexhill	PCN : Community mental health awareness and wellbeing event	Public	60+
06.12.22	East Grinstead	Age UK day Centre	Older people who visit the day centre	25
07.12.22	Crowborough	Crowborough Community Centre	Public	50
08.12.22	Crawley	Crawley Disability Forum	People with a range of disabilities	20
08.12.22	Hassocks	Carers event	Carers	12
08.12.22	Worthing Town Hall	Adur and Worthing Health and Wellbeing Network	Local residents and community groups	40
12.12.22	Newhaven	Community Supermarket	Those living in areas of deprivation	30
13.12.22	Cravenvale Community Centre (Brighton)	Coffee morning (cost of living assistance)	Those living in areas of deprivation	25
Ongoing insight capture				
15.12.22	Peacehaven	Community Supermarket	Those living in areas of deprivation	30*
19.12.22	Petworth	Fun and Festive Food Day	Public	50*
07.01.23	Midhurst	Farmers Market	Public	80*
23.01.23	Hellingly	Young at Heart Club, Over 60's group –	Hellingly and Hailsham residents	40*

*approx. numbers

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Better health and care for all