



# Update report

*July-August 2017*



# Introduction

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*The Big Health and Care Conversation* is a recognisable brand and campaign by which all the medium-term communications and engagement for the Caring Together programme comes under. It involves six months of engagement activity, from July – December 2017, carried out by the CCG, local authority, public health, providers and the community and voluntary sector.



Different audiences are being identified and targeted with the aim of reaching not only a large amount of the local population, but also a wide ranging demographic.

A number of different communication and engagement approaches and channels are being used, including established approaches and those that were already scheduled, as well as new methods specifically tailored for the campaign. The key theme that is being emphasised in all approaches is openness and transparency and the public are being encouraged to be active participants, and not merely spectators.

Public feedback is being captured and collated from each engagement activity that takes place and this will be used to feed into and shape the Care Programmes being developed within Caring Together.

This report gives an overview of what activity has taken place, summarises the key themes from the feedback collected, highlights any actions that have already been taken from that feedback and outlines the engagement that is coming up. The report covers the period from 4 July to 18 August.

The report is intended to provide information and assurance that the campaign is meeting its aims and objectives and that of the enabling workstream within the Caring Together programme.

The appendix provides comprehensive details of all the feedback collected, which should be used to help inform the Care Programmes directly.

It should be noted that the number of people reached for each engagement activity noted in this report describes the actual number of people who attended. Many of these people represent others in the community and, therefore, the reach will in reality be significantly larger than the numbers indicated.

# What we have done so far

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## Big Health and Care Launch Event

**Demographic target:** General public  
**Invite method:** Open invite (50% - pre-booked and admittance on day) and proactive invite (50%)  
**Number of reached:** 130  
**Type of engagement:** Public event  
**Venue:** Brighton Dome  
**Topic:** Caring Together programme and STP



**Summary:** The event involved three lots of 40 minute 'conversations' taking place throughout a four-hour period. These took place at ten different 'talking points' positioned in different areas of the venue and were based around the Care Programmes of Caring Together, as well as the wider Sustainability and Transformation Partnership (STP). The public were asked to choose three talking points to take part in, but were advised that they could leave and join another talking point at any time if they wished. The event was intended to allow for informal conversations to take place within groups or one-to-one and aimed to encourage inclusion and a platform for all those involved to give their views and feedback. Leading the talking points were the clinical leads and lead commissioner for each Care Programme, members of adult social care and representatives from the community and voluntary sector. There were scribes at each talking point who recorded feedback.

**Next steps:** The feedback collated will be used to inform the clinical and commissioning leads responsible for developing each of the Care Programmes.

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## Keeping People Healthier for Longer Event



**Demographic target:** Patients, carers and members of the Community and Voluntary Sector  
**Invite method:** Open and targeted invite  
**Number of reached:** 67  
**Type of engagement:** Public event  
**Venue:** Brixthelm Centre, Brighton  
**Topic:** Premature and preventable deaths audit

**Summary:** The event was held by the CCG and Public Health to discuss and present the contents of the Preventing Premature Mortality Audit, in the context of 'Keeping People Healthier for Longer'. It included presentations from CVS organisations who do work around prevention, such as Albion in the Community, Pavilions, and Community Navigation. Workshops were held and focussed on what people and communities can do to keep healthier for longer.

**Next steps:** The feedback will be used to inform the Prevention and Community Care Programme.

## Governing Body Open Public Forum

**Demographic target:** General public

**Invite method:** Open invite

**Number of reached:** 10 people attended, who were representing others (approx. 40 reached)

**Type of engagement:** Public event

**Venue:** Valley Social Club, Whitehawk

**Topic:** Open

**Summary:** An hour-long open forum was held for members of the public to ask any questions or raise any issues with members of the CCG Governing Body. The format was informal and the event was predominantly attended by people living in the Whitehawk area. The majority of those present were satisfied with the method and type of engagement and expressed their gratitude for giving them an opportunity to raise issues and voice concerns. The main topic of discussion was around recent GP closures and the vulnerability of general practice across the city.

**Next steps:** The feedback will be added to the log of feedback for the Care Programmes, as appropriate, particularly the programme around Primary Care.

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## Knit and Natter

**Demographic target:** Older age group

**Invite method:** Established group

**Number of reached:** 14

**Type of engagement:** Existing group

**Venue:** Jubilee Library

**Topic:** Open



**Summary:** Members of the CCG attended the 'knit and natter' group, which consists of older aged women who meet regularly at the Jubilee Library. General issues about the NHS were discussed, including feedback around NHS funding and pressures on GP practices.

**Next steps:** The feedback will be added to the log of feedback for the Care Programmes, as appropriate, particularly the programme around Primary Care.

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## Craven Vale AGM

**Demographic target:** Craven Vale residents

**Invite method:** Resident invitations

**Number reached:** 20

**Type of engagement:** AGM/discussion group

**Venue:** Craven Vale

**Topic:** Various

**Summary:** The event was attended to by residents of the care home and gave the opportunity to discuss and gain feedback around health and care issues. Various issues were raised, including pressures on, and access to GP practices, medical records and making complaints.

**Next steps:** The feedback will be added to the log of feedback for the Care Programmes, as appropriate, particularly around the programme for Primary Care.

## PPG event: Using digital apps

**Demographic target:** PPG members

**Invite method:** PPG members by email

**Number reached:** 13

**Type of engagement:** Discussion group

**Venue:** Brighthelm Centre, Brighton

**Topic:** How to use and publicise health related apps

**Summary:** The event was for members of Patient Participation Groups to discuss the use of digital apps to publicise health. Attendees felt that patient online services had not been well publicised and, once demonstrated, that they were straightforward to use. It was also recognising that there are still people who are digitally disengaged. It was felt that medical staff could recommend apps more often as a part of patient care and that PPGs can be useful in raising this as a discussion point in practices, and in supporting other patients to use online services.

**Next steps:** The feedback will be used to inform the informatics enabling workstream of the Caring Together programme.

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## Mental health focus group - urgent care services

**Demographic target:** Service users/carers of mental health urgent care services

**Invite method:** Targeted

**Number reached:** 5

**Type of engagement:** Small focus group

**Venue:** Central Brighton

**Topic:** Mental health urgent care services

**Summary:** A focus group was held with service users and carers to discuss urgent care services for people with mental health issues. Feedback indicated that service users may not know about the range of services and what each should be providing. They felt there is lack of information about where to get appropriate help. Feedback also suggested that A&E is not always the right place for someone in mental health crisis and there was a view that treatment at home was not always easy to access.

**Next steps:** The feedback will be used to improve and reshape existing services by feeding into the Mental Health, Children and Families Care Programme.

# What we have heard so far

Feedback collected and collated – this can be found in the appendix – will feed into and inform the Care Programmes of Caring Together. Below is a summary of some of the key themes from the feedback, some selected feedback and recommendations for any immediate action that can take place based on the feedback.



## Summary

### Key themes from feedback

- **Support and increase patient responsibility** for self-management of their own health conditions, and to use the health system appropriately.
- **Improve communication and information** on what services and support are available.
- **Improve information on alternatives to A&E** for urgent care needs - ensuring this is available in alternative formats such as Easy Read and British Sign Language.
- **Use a variety of access methods** - for some people online access is not possible and for others telephone services are not appropriate.
- **There is concern over the increase in demand for GP services** and the decrease in numbers of GPs and recent closures of GP practices in the city.
- **We should be looking to use new and different ways** to increase access to care, including for example Skype and mobile clinics, outreach to communities.

### Immediate actions as a result of feedback

- We will publicise the My Life directory to GP practices and key information points.
- We will develop new publicity on urgent care options; translated into BSL and Easy Read, and cascade appropriately through local community leads.
- We will involve PPGs in developing the above information and ask them to support distribution.
- We will look at how GP practice TV screens can be better utilised.
- We will develop a communications campaign around patient choice.
- We will develop information to highlight the role of pharmacies, including medicines reviews and safe disposal of medicines.
- We will ensure the above is cascaded to the Carers' Centre and other relevant CVS organisations.
- We will work with libraries to publicise "shelf help" and the local "Reading Well" books on prescription service.
- We will ensure Community Navigators have appropriate information on support for mental health issues.

# How feedback is helping our plans

## Care programme: Prevention and Community

### Key themes/comments:

- Community Navigation - needs to be extended; patients need to be able to self-refer; need for navigators in communities (a “go to” person).
- Information - more information needed on prevention, self-management and support.
- GPs need more education on self management, in order to support patients; GPs are “too busy” for prevention.
- Education on lifestyle choices needed.
- More action needs to be taken to combat social isolation.
- Nutrition is a key part of prevention.
- Health trainers - good feedback; need to be within GP practices.
- Health checks - improve publicity, frequency and consistency.
- Tap into children at school - early messages on healthy living.
- Services need to be moved into the community rather than centred at the hospital.
- More community beds needed.

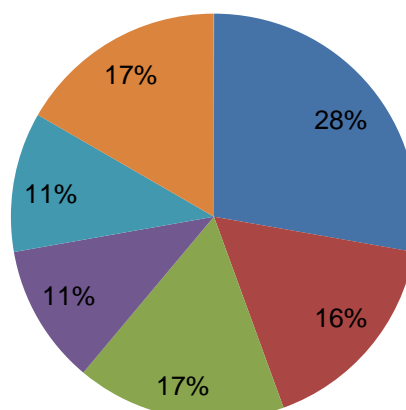


*“Prevention is not a quick win, it needs investment and commitment”*

*“Health trainers are great and we need to get them working with GP surgeries”*

### Proportion of themes

- Community Navigation
- Information
- Isolation
- Nutrition
- Health checks
- Health Trainers



### Immediate actions

- We will ensure comments on community Navigation will be fed into the current service review and planning.
- We will ensure the My Life directory will be re-publicised to GP practices and key information points.

### Recommendations

- We will give feedback around health checks to the health check awareness provider, and develop a publicity programme.
- We will review services supporting those who are isolated, including social prescribing, befriending and frailty support.

## Care Programme: Access to Primary and Urgent Care

### Key themes/comments:

- A need for increased information on alternatives to A&E, including in different formats such as BSL and Easy Read.
- PPGs can be key in helping to cascade information.
- There is a lack of trust in NHS 111; 111 needs to be improved and communication about it increased.
- There needs to be less emphasis on telephone access and more on face-to-face care.
- Concern about impact of increasing demand, cuts in funding, practice closures and shortage of GPs.
- Improved access needed to online booking, but recognising that this is not suitable for all.
- Telephone access and consultation is not appropriate for all patients.
- Problems getting routine appointments in good time.



*“I don’t like having to queue at 8am to get an appointment”*

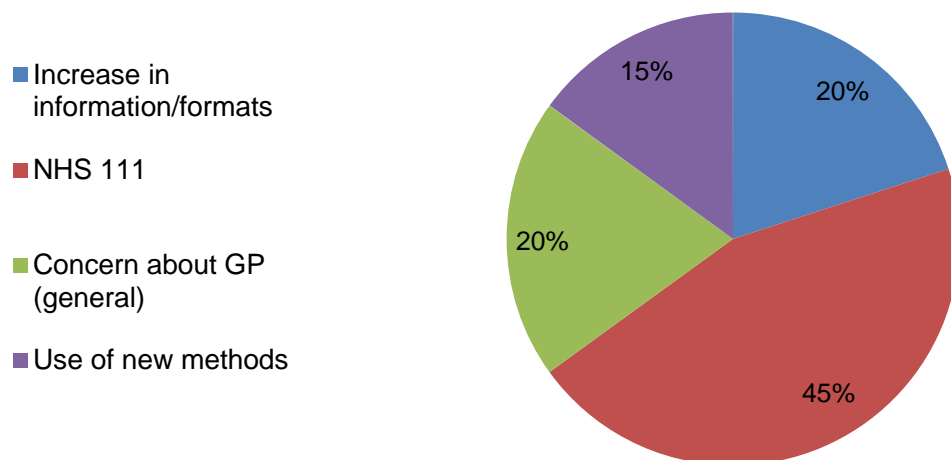
*“Need something between urgent for today and routine in 3 weeks’ time”*

*“What are the CCG going to do about GP workforce shortage?”*



- Need to increase new ways of access - use skype, mobile units, etc.
- Use of text reminders for appointments is a good idea.
- Information in GP practices - e.g. the TV screens – needs to be more effective, and not out of date.
- Patients need to take responsibility themselves for whether they need to be seen urgently or not.

### Proportion of themes



### Immediate Actions

- We will develop new publicity on urgent care options; translated into BSL and Easy Read, and cascade appropriately through local community leads.
- We will involve PPGs in developing the above information and ask them to support distribution.
- We will look at how we can better use GP TV screens.

### Recommendations

- NHS 111: feed comments into the development of the clinical navigation hub (regional).
- Develop guidelines for GP practices and others about accessing services, and how certain methods disadvantage some communities.
- Develop guidelines on how GP practices should support deaf patients to access care.
- Review the use of text messaging locally and how effective it is; follow up with recommendations to GP practices.
- Look into the use of Skype for consultations, plus other different models of care.
- Investigate the use of outreach to communities, especially deprived communities.

## Care programme: Planned Care

### Key themes/comments

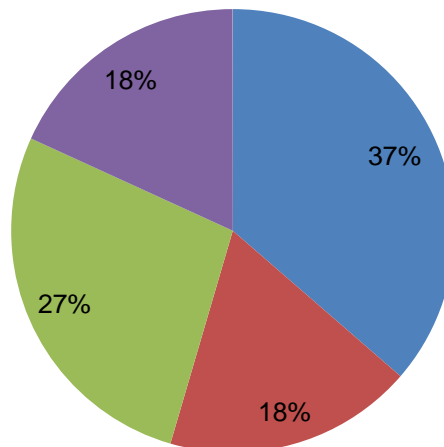
- Difficulty attending appointments - for older people and disabled people.
- Appointments need streamlining.
- There needs to be better communication on patient choice.
- The GP should spend more time explaining the options.
- The referral management service is not patient centred.
- Once in the system it works well, but the process of making an appointment is uncoordinated.



*“I want to be fully aware of the options where I have a choice”*

### Proportion of themes

- Patient choice
- Referral Mgmt system
- Appointment process
- Problems attending appts



### Immediate Actions

- We will develop a communications campaign around patient choice.

### Recommendations

- Feed comments into the review of the referral management service
- More support for GPs in discussing choice; explore other options to have this discussion (e.g. Care Navigators in practices).

## Care Programme: Medicines

### Key themes/comments

- Medicines reviews need to be improved (consistency of quality, consistency of timing).
- Highlight the positive effects of doing medication reviews.
- Assess whether patients can read and understand instructions of medicines; if not, provide support.
- The role of pharmacies needs to be promoted further; target young people with social media, Facebook etc.
- PPGs can help to cascade information about pharmacies.
- GP practices TV Screens could include information about pharmacies.
- There needs to be more information and support for carers/families on medicines; include carers in conversations about medicines.
- Needs to be information leaflets on management and safe disposal of medicines.
- Advice leaflets in medicines often contradict GP instructions.
- Pharmacies attached to GP practices close at 6pm; improve access after these hours.
- Packaging may be an issue, especially for elderly patients with arthritis.



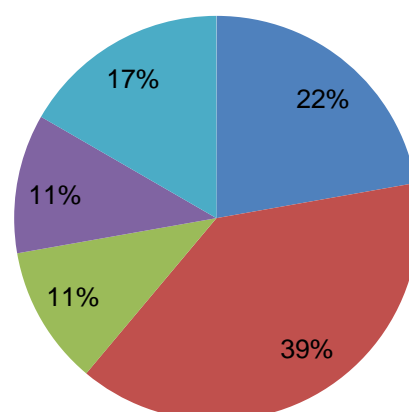
*“Older people and other patients struggle to get over the counter pills out of the packets – very tricky if pain is in hands/arthritis.”*

*“Labels on medication need to be bigger – people with poor vision cannot see the guidance or what the pills are – they all look the same size and colours.”*

*“Where there are lots of medicines we need to know which are ‘essential’ and which can be left if the patient does not want to take all medication.”*

### Proportion of themes

- Meds reviews
- Publicity/info
- Carers/families
- Access to pharmacies
- Accessible medication



### Immediate Actions

- We will develop information to highlight the role of pharmacies, including medicines reviews and safe disposal of medicines.
- We will ensure information is available in different formats, e.g. BSL video, Easy Read.
- We will ensure the above also cascaded to the Carers' Centre and other relevant CVS organisations.

### Recommendations

- Develop guidance for pharmacies in making medicines accessible for people who need support, e.g. where labels/instructions cannot be read, where packaging might be difficult.
- Look at how medicines reviews might be made more consistent.
- Look at how medicine reviews can be proactively promoted.
- Work with young people champions to develop young person friendly information on pharmacies.
- Increase PPG members' knowledge about pharmacies and ask them to promote, and ensure relevant/correct information is on GP practice screens.

## Care programme: Mental Health

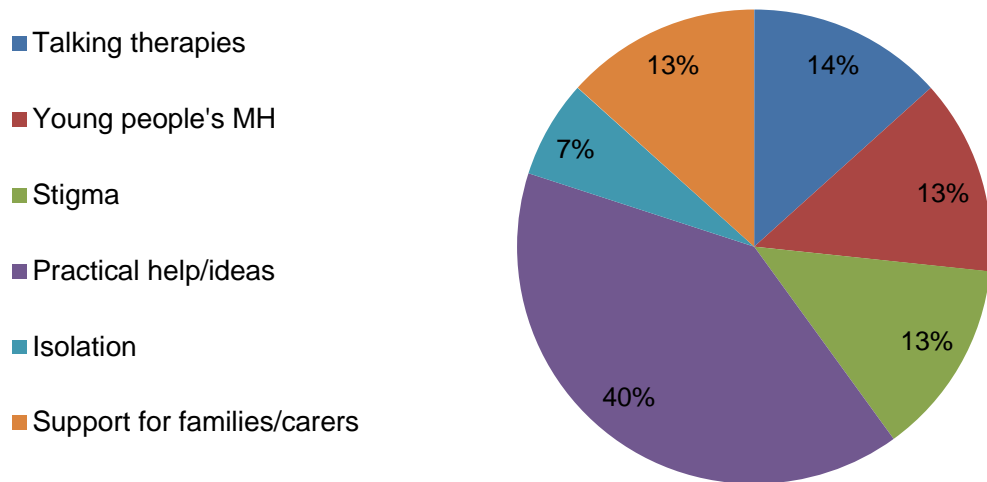
### Key themes/comments

- We would like a crisis support cafe open at night in the early hours, where it's most needed.
- We don't have enough supported accommodation in the city.
- Mental health needs to be treated equally with physical health.
- Isolation is a key factor in poor mental health.
- Expansion of talking therapies is needed.
- The Community and Voluntary Sector could work in a more joined up way to provide mental health support.
- Increased peer support for people with mental health needs, and train as appropriate.
- Books such as "Shelf Help" recommended by professionals (help for teens' mental health).
- Utilise libraries as a place to give talks and drop in support.



*“Unwell people have really long waits - up to four weeks. It's too long to wait, people give up”*

## Proportion of themes



### Immediate Actions

- We will explore working with libraries to publicise “shelf help” and the local “Reading Well” books on prescription service.
- We will ensure Community Navigators have appropriate information on support for mental health issues.

### Recommendations

- Work with the Wellbeing service to develop effective peer support.
- Explore how community and voluntary sector organisations that provide mental health support can work together.
- Explore how mental health support can be built into services and initiatives that support people to become less isolated.

## Care Programme: Children and Families, Learning Disabilities

### Key themes/comments

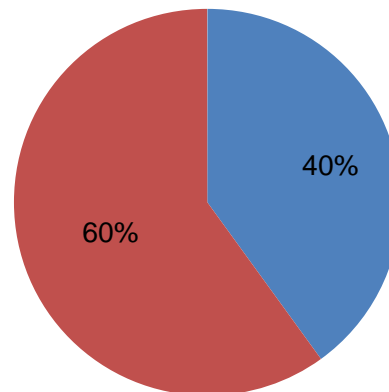
- Young carers should be encouraged to self identify.
- Prevention needs to start with children – it takes ten years to see effects.
- Build in resilience at primary school age, e.g. using mindfulness.
- More consideration for LGBTQ families by services.
- Poverty and adequate food is an increasing problem.
- Ensure communities/families included in decision making; PPGs may be a way to champion children.



*“We need to start early – target children in primary schools with key messages”*

### Proportion of themes

- Stigma
- Resilience/prevention



### Immediate Actions

- We will build on the #IAMWHOLE campaign to raise awareness of mental health in local schools.

### Recommendations

- Work with Public Health to support ongoing health messaging in schools.
- Explore whether guidance for services can be developed with the community and voluntary sector in order to provide appropriate support for LGBTQ families.

# Media coverage

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## Print/web media

**The Argus** (13,500 copies sold per day) and **Brighton and Hove News** (5,000 hits per day)  
A proactive press release was issued ahead of the *Big Health and Care Conversation* launch event, positively promoting the public engagement that will take place over the next six months. This was published in the printed version of The Argus and the Brighton and Hove News website.

**Brighton Independent** (12,500 copies read per week)  
CCG Clinical Chair Dr David Supple gave a face-to-face interview to the Brighton Independent. The story was published in both the printed and online versions and focused on the *Big Health and Care Conversation* and the financial challenge facing the local NHS.

## Broadcast media

**BBC Sussex radio** (38,500 listeners a day)  
Dr Supple gave a pre-recorded interview with BBC Sussex radio around the *Big Health and Care Conversation* and the issues around GP recruitment. This was used as part of the Breakfast Show, which attracts the most listeners to the station.

**Latest TV**  
Dr Supple appeared on two discussion programmes for an online local television channel 'Latest TV' to discuss the *Big Health and Care Conversation* and GP recruitment. Each were 20 minutes long and involved a representative from the Community and Voluntary Sector and councillor and chair of the Health and Wellbeing Board Daniel Yates.

**BBC South East** (400,000 viewers)  
Dr Andy Hodson, CCG Chief of Clinical Leadership and Engagement, gave a pre-recorded interview to BBC South East around the issues of GP recruitment and what the CCG is doing to address it. The reporter was also given access to a GP surgery. The story appeared as a pre-recorded feature on the BBC South East Tonight news programme.

## Social media

There has been extensive use of social media channels to promote events and an online survey intended to gather data. The event on 4 July included live tweets from the venue, the first time this method of real-time social media engagement has been used to promote engagement and feedback at the CCG.

Twitter	
<b>Total followers:</b>	1,757 (June: 1,743)
<b>Number of Tweets in month:</b>	47 (June: 29)

<b>Tweet impressions:</b> <i>(Number of times users saw Tweet)</i>	25.1k (June: 8.7k)
<b>Top Tweet:</b>	1901 impressions
<b>Facebook</b>	
<b>Followers:</b>	585 (June: 583)
<b>Posts:</b>	37 (June 18)
<b>Reach:</b>	4256 (June: 3000)
<b>Top post:</b>	468 people reached



# Conversations coming up...

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## August - September

- **Older people's coffee group**  
**Talking point:** Open discussion about health and care issues
- **Conversations with insecurely housed people**  
**Talking point:** Supporting health and wellbeing with people who are homeless or insecurely housed
- **Baby Boogie**  
**Talking point:** Experience of services for young children; experiences of parents
- **Waiting room discussion at Pavilion surgery**  
**Talking point:** Access to and experience of GP care
- **Conversations after Bevendean Park Run**  
**Talking point:** General health and care issues
- **Young people's group**  
**Talking point:** Supporting young people's health and wellbeing
- **Whitehawk Community Event**  
**Talking point:** Access to and experience of NHS services; knowledge of urgent care services
- **University of Sussex Fresher's Fair**  
**Talking point:** Urgent Care and GP services in Brighton and Hove
- **Governing Body open forum**  
**Talking point:** Open discussion about health and care issues
- **PPG Network**  
**Talking point:** GP issues; development of cluster based working and GP Federation; and Caring Together
- **Waiting room discussion, Regency Surgery**  
**Talking point:** Access to and experience of GP care
- **STP discussion (11 September and 28 September)**  
**Talking point:** Open discussion around the local Sustainability and Transformation Partnership (STP)

