

You said

We did

The Big Health and Care Conversation

Improving health and care for our city



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Introductions from leaders across the health and social care system

As a local GP, I know about the value of hearing from people who use local health services; as the CCG's Clinical Chair I was delighted at this period of targeted engagement, and the opportunities it would bring to build on our existing excellent engagement work with local people.

We have gathered a huge amount of high quality feedback and ideas for change and improvement, and these will now be incorporated into our work, whether in the short term or long term.

I am encouraged to see how we are already responding to some of the points raised and I feel that the Big Health and Care Conversation will help shape our work and services in the future. We will of course continue to seek the views of people using our services, and their carers, and ensure that all of our plans for transformation across health and care have the views of those who use them at the centre.

I look forward to taking these plans forward, and hope that we will get to wear our "Big Health and Care Conversation" t-shirt again.



Dr David Supple
Clinical Chair

NHS Brighton and Hove
Clinical Commissioning Group

Lifestyle choices, an ageing population, increasing demand and continual developments in treatment are some of the significant changes we need to address and take account of, no less so in Brighton and Hove than anywhere else. The Big Health and Care Conversation has enabled the City Council, Clinical Commissioning Group, Healthwatch and key Voluntary and Community Sector organisations to engage with a broad range of organisations and individuals to inform the future priorities and design of health and care services in the city.

We have listened to peoples feedback across really important areas such as public health promotion, access to services in the community and what you want from your local hospital and you will see these coming through more and more in a range of actions under the Caring Together programme and related initiatives.

As we implement our plans to more closely integrate health and social care to improve your access to information and services we will look to build upon the positive experience of the Big Health and Care Conversation. By maintaining an ongoing dialogue we can ensure the voice of the patient, service user, carer or family/ friend will continue to help shape our actions.



Rob Persey
*Executive Director Health
and Adult Social Care*

Brighton & Hove City Council

Welcome to the Brighton and Hove Big Health & Care Conversation

Over six months in 2017, Brighton and Hove residents helped to shape health and social care for the city by sharing their feedback, and experiences on local services in the Big Health and Care Conversation. We had nearly 2,800 conversations with people from across the city, and collected a rich and diverse range of comments, views, experiences and suggestions for change.

NHS Brighton and Hove Clinical Commissioning Group (CCG) and Brighton and Hove City Council initiated the Big Health and Care Conversation to obtain the views and experiences of as many local people as possible about what matters most to them in health and care, in order to shape and transform services in the future and contribute to the development of our 'Caring Together' programme.

The CCG, council colleagues from Public Health and Adult Social Care teams, partners from the Voluntary and Community Sector, and Brighton and Hove Healthwatch carried out engagement between June and December 2017.

Different audiences were identified and targeted with the aim of reaching not only a large number of local people, but also a wide ranging demographic.

A number of different communication and engagement approaches and channels were used, including events, small groups, one to one conversations, and online surveying. The key themes emphasised in all approaches were openness and transparency, and a willingness to hear and learn from what people told us. The Big Conversation encouraged the public to be active participants, rather than spectators or recipients.

The feedback has been being captured and collated from each engagement activity that took place and this is being used to shape the projects within our wider Caring Together programme which details our local plans for health and care.

We had more than 2,750 different conversations with over 2,300 local people about their health and care services; it should be noted that the number of people reached for each engagement activity detailed in this report describes the actual number of people who attended or gave their views. Many of these people represent others in the community and, therefore, the reach will in reality be significantly larger than the numbers indicated.



What is Caring Together?

Caring Together is a programme that builds on work that is already underway in Brighton and Hove to improve local health and social care for people living in our city.

It involves looking at the health and care needs of everyone in the city and sets out how we can improve and transform services for adults and children, physical and mental health, social care, public health, GP services, pharmacies, voluntary and community sector and hospital services. It is led by NHS Brighton and Hove Clinical Commissioning Group (CCG) and Brighton & Hove City Council, alongside local hospital, and community and mental health services. We are working in partnership with Brighton and Hove Healthwatch and representatives from the local Voluntary and Community sector. Caring Together supports the wider aims to transform health and care services across Sussex and will help us respond to the rising demand on services with the resources we have available to deliver the best possible care and outcomes.

Why do we need Caring Together?

The local NHS and City Council have worked together for many years to provide services that matter to people in a number of areas, including mental health and children and young people's services. You may have heard of some of this work under different names, such as the 'Better Care Plan' and 'Brighton Rock'. However, there has never been one single programme of joint-work between the organisations that covers all health and care services in the city.

Caring Together builds on the many examples of joint working and planning already underway in Brighton and Hove and sets out a clear way of working that is easily identifiable to people in our city.

By working in this way we can transform how we provide health and social care for residents to better meet their needs and address some of the challenges that we are currently facing.

What did we hear from local people?

This report gives an overview of the engagement that has taken place, summarises the key themes from the feedback collected and highlights any actions that have already been taken from that feedback. It covers the period from June to December 2017.

We have shared this information with commissioners, clinicians and service providers in The CCG and in Adult Social Care and Public Health, and have included their responses to the feedback. We can implement some of the suggestions and feedback fairly quickly, other suggestions may take longer to implement and will help to shape services in the long term. If there are any suggestions that we cannot take forward, we have included this in the report.

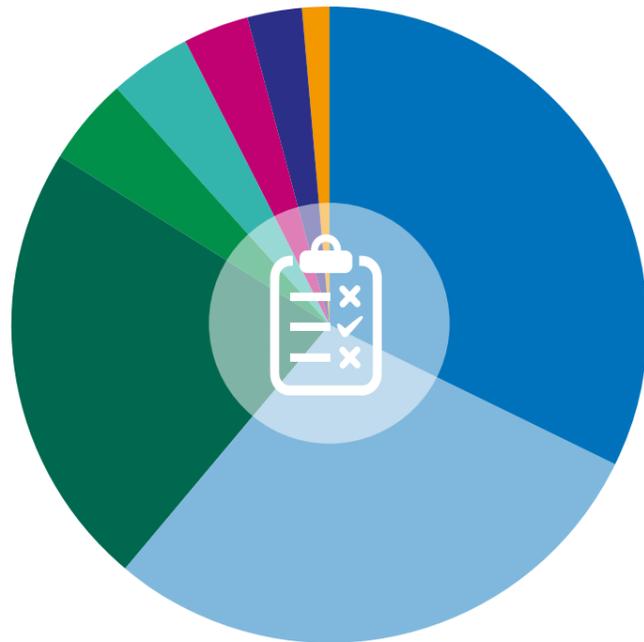
Wider Engagement Work

In addition to our direct engagement, we have been working with local Voluntary and Community sector (VCS) organisations to take the Big Conversation further into communities, in order to reach people that we might not usually get to speak to.

The Community Researchers Project worked with trained community researchers from communities who may not otherwise be heard. Five organisations worked in partnership to reach a total of 83 people from different communities, including older people, Black, Asian and Minority Ethnic communities, and young people. You can find a summary of findings from the Community Researchers Project on The CCG's [website](#).

You and Your NHS: A Case Study is a report produced by Right Here (a YMCA Downslink project). Right Here worked with the CCG to engage with local young people around our local plans to integrate health and social care. They also worked with the CCG to address some of the anxieties that young people felt about the wider health economy. You can find the report on The CCG's [website](#).

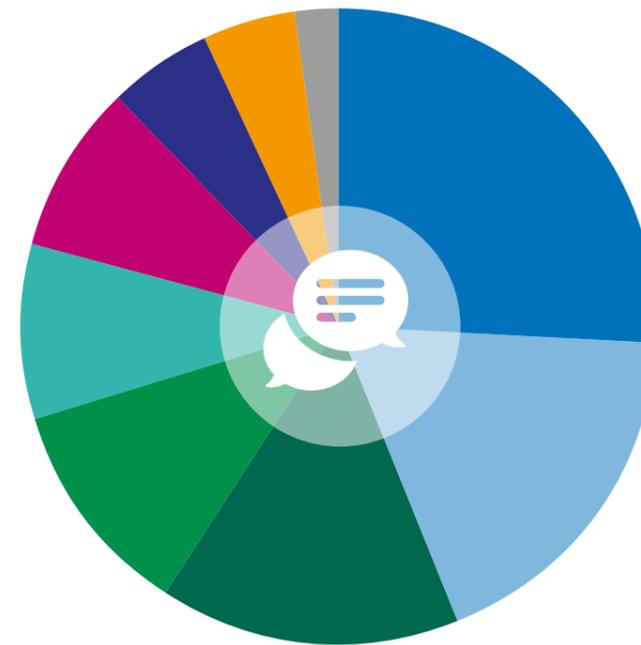
How did we speak to people?



- 750** people reached through **9 Public outreach sessions**
- 676** people reached through **10 Community-led Consultations**
- 528** people reached through **11 Hosted Events**
- 103** people reached through **5 Meetings**
- 95** people reached through **9 Community Groups**
- 82** people reached through **Community Researchers**
- 60** people reached through **2 Surveys**
- 32** people reached through **3 Focus Groups**

What did we talk about?

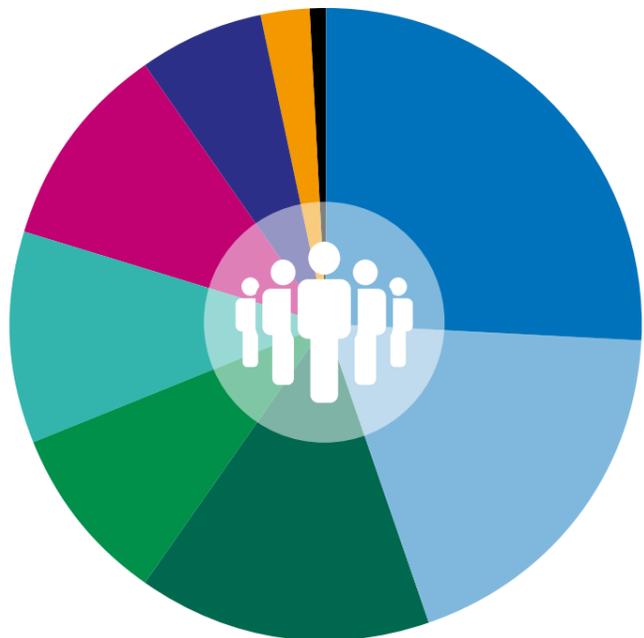
Of the 2761 conversations we had, these were the main talking points?



- 714** How can we make better use of medicines?
- 502** Sustainability and Transformation Partnership
- 418** How can we make it easier to see your GP when you need to?
- 310** How can we prevent people ending up in A&E?
- 249** How can we help you to stay healthy?
- 233** How can we support people to stay out of hospital?
- 148** How can we make sure mental health is treated equally?
- 127** How can we improve care when you are referred by your GP?
- 60** How can we give children and families a better start in life?

Who did we speak to?

Of the 2326 people we spoke to...



- 656** were under the age of 26
- 474** were over the age of 50
- 376** were Disabled People
- 227** told us they were Lesbian, Gay or Bisexual
- 275** were from Black and Minority Ethnic backgrounds
- 267** told us they had a Faith
- 160** were Carers
- 64** were Trans or Non-Binary
- 15** were Homeless or insecurely housed



Thank you

We would like to thank all the residents of the city who shared their views and experiences with us. We are also grateful to our partners in the Voluntary and Community Sector and Brighton and Hove Healthwatch who supported the Big Health and Care Conversation and who continue to work with us collaboratively to ensure health and care services are responsive to local need.

Thank you also to the staff within the CCG and Brighton and Hove City Council who carried out much of this engagement work, and whose enthusiasm and focus ensured we heard from this wide range of local people.

Big talking point 1: How can we help you to stay healthy?

Information and Communication

What did you tell us?

- You would like more trustworthy information on prevention, self-management and support. This includes online resources such as the My Life directory and It's Local Actually, as well as local campaigns.
- You would like more to be done around educating children at a young age about active living and healthy lifestyles.

What are we doing?

We have expanded the information available on My Life on prevention and services and community groups that can provide support. **We will** continue to review this information and add to it if needed.

We will continue to work with Public Health's 'Active for Life' team who run a range of programmes that support activity for children and young people, including 'Active Travel'.

We have commissioned a new weight management service in the city, which includes support for families and young people.

We support wellbeing programmes and campaigns in schools, and **we will** continue to review these programmes to ensure they respond to identified need.

Community

What did you tell us?

- Public spaces like parks are very important for keeping active and healthy. Healthwalks and other community services play a large role in supporting people to stay healthy and giving people confidence and motivation to live active lifestyles.

- You said more action needs to be taken to combat social isolation. Befriending schemes and care plans involving neighbours and carers were suggested.
- You said pharmacists can support health in the community
- You said we need to make sure that all people can access free community classes and services. Some people with language needs (including Deaf/ hard of hearing and people for whom English is not their first language) felt they had not been referred to support due to communication barriers.
- You said that local workplaces could do more to encourage exercise including walking groups, cycle storage and showers. You would like employers to have more support and guidance on healthy workplaces, including mental health and wellbeing.

What are we doing?

We have continued funding for befriending schemes across the city, recognising their importance in combating social isolation. **We will** continue to work with the Voluntary and Community Sector to support other initiatives that may help reduce isolation, such as older people's activities, low cost shopping transport service and coffee mornings for parent carers.

We will continue to support the use of outside spaces for activities, such as challenge programmes and Park Run. **We will** continue to run Healthwalks, building on the success of initiatives such as the Soup and Stomp walk for families and the new relationship between Healthwalks and the Living Coast (Biosphere) initiative

We will continue to work with local organisations to conduct health and wellbeing surveys of their workforce, resulting in action plans for staff.

How can we help you to stay healthy?

We are creating a Single Point of Contact for individuals and organisations to contact the Public Health Healthy Lifestyles Team. This will help support NHS Healthchecks carried out in the workplace.

We have secured funding for an Active Travel project, which involves working with businesses and encouraging them to up-date and/or develop action plans that support active and sustainable.

Diet / Exercise

What did you tell us?

- A key theme highlighted was the benefits of cycling – a lot of people said this was the main way they keep healthy.
- Local cyclists and would-be cyclists would like to see Brighton and Hove become a bike-friendly city, including more cycling paths and more places to lock bicycles.
- You said that targeted groups, like the "Cycling without Age" scheme is a really good one,

especially for residents of care/nursing homes and for people with dementia.

- You would like more affordable exercise classes in local parks as well as affordable access to and local leisure centres and pools.
- You would like more healthy food classes and 'cooking for one' classes, as well as better access to affordable nutritional food.
- You highlighted nutrition as a key part of keeping healthy and are concerned that it is difficult for insecurely housed people to access healthy food. You would also like more advice and support around healthy eating and nutrition for older people.
- You want us to use different approaches to meet the needs of diverse communities to ensure that all people can access support and advice around healthy living. This includes making sure community services are LGBTQ-friendly, dementia friendly, accessible in different languages and accessible for disabled people.
- You would also like to make sure there is support for vulnerable people to access community services.



What are we doing?

We have schemes in place to support cycling, including match funding for organisations to support a move towards active travel (cycling/walking) and a partnership with Love to Ride.

The City Council’s transport department has secured funding for more active travel projects; this will include Employment focused Personalised Travel Planning, Access to Work, Access to Education, Encouraging Cycling and Road Safety, a bike share scheme and increased cycle parking. The projects are aimed at residents, visitors, employees and students.

We will use the feedback from the Big Health and Care Conversation in further considering the opportunities and resource implications of developing a wider plan that encompasses walking and cycling to support our approach and investment in active travel.

We provide a range of opportunities to help people be more physically active, including the Freedom Leisure card for those on low incomes, and our Active for Life community park events. **We will** review this provision and explore if there are any groups and communities in particular that cannot or do not access these activities.

We have worked with Age UK and the Food Partnership to produce a leaflet on healthy eating for older people, as a direct result of feedback from work with older people.

Our Public Health team commission various projects, such as a healthy weight service, plus advice through Healthy Living Pharmacies and Health Trainers. **We will** continue to work with these services, ensuring that information and advice on healthy eating is available as widely as possible. **We will** use mechanisms such as Patient Participation Groups to help promote these services.

We will work together to find out more about the needs of diverse communities and vulnerable people in relation to healthy living information, and will respond to these needs.

Self-Help and Social Prescribing

What did you tell us?

- You said that GPs are ‘too busy’ for prevention – but a lot of you would still like to access support around healthy living from your local surgery.
- You said that you would like GPs to have more education on self-management, in order to support patients.
- You said that you value the Health Trainer service and would like them to be more integrated with GP practices.
- You would like Community Navigation to be extended in the city. You would like patients to be able to self-refer and to have navigators in communities, like a “go to” person.
- You would like GPs, Community Navigators and Health Trainers to have more awareness of mental health and wellbeing.

What are we doing?

We will extend the existing Community Navigation (social prescribing) service to cover all GP surgeries in the city in early 2018. **We will** explore self-referral to Community Navigation later in 2018. **We will** explore the development of social prescribing in communities, through our Health Champion work.

We have trialled some different ways of working between Health Trainers and GP practices and **we will** evaluate these and roll out across the city if appropriate. **We will** continue to promote the Health Trainer service through Patient Participation Groups, to help support good links with GP practices, and will increase the links between the service and named staff in practices.

We will ensure that Community Navigators and Health Trainers have appropriate and up to date information on mental health services. **We will** build on the training received by Health Trainers in their induction to ensure their knowledge is current.

We will continue to ensure that GPs and other clinicians receive support and awareness on mental health services

and mental wellbeing. We are developing a Mental Health training programme for all Primary Care staff as part of the Serious Mental Illness locally commissioned service. Training has been delivered in all GP Cluster groups to Clinicians and reception staff during 2017 and, building on feedback from this, a new syllabus is being produced to start in April 2018.

Health Checks and Screening

What did you tell us?

- You would like more communication and information about NHS Health Checks available in places like GP Practices in order to improve uptake.
- You would like more work to be done to support patients to access sensitive health care, sexual health care and cervical screening, including transgender patients, sexual assault survivors and others who have experienced trauma.

What are we doing?

We publicise NHS Health Checks widely – for example through libraries and pharmacies. **We will** talk to GP practice managers about making information on Health Checks more visible within practices. **We will** arrange further NHS Health Check training for primary care practice staff.

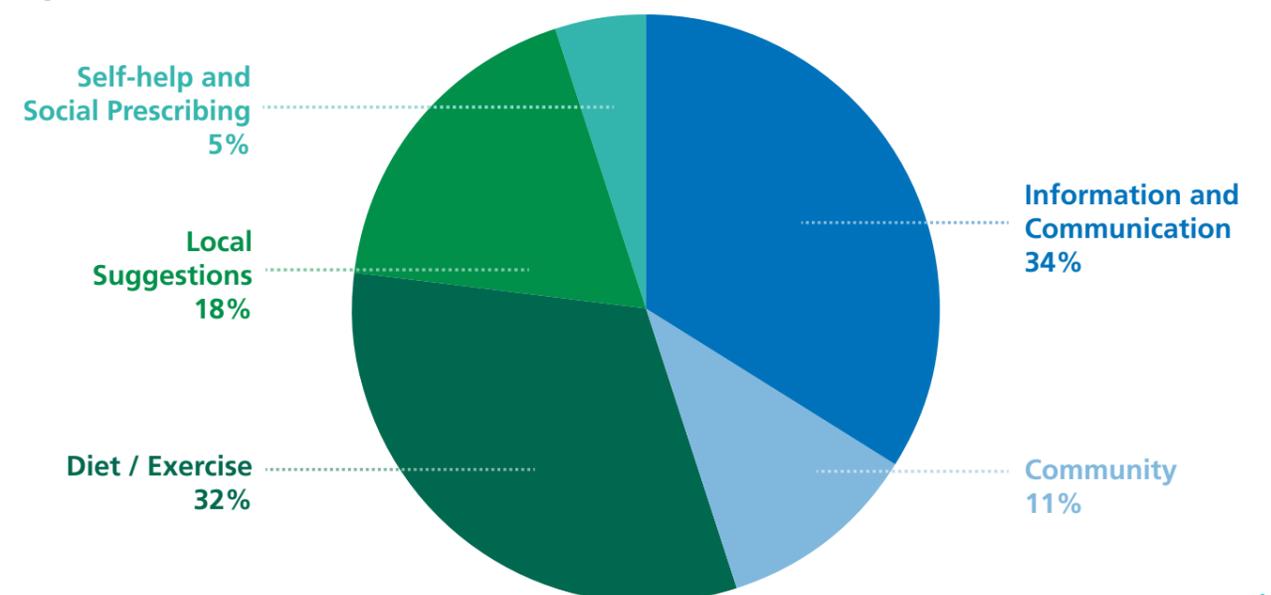
We provide a fully integrated sexual health and contraception (SHAC) service with walk-in and booked appointments available 6 days each week from three sites across the City. SHAC also provides specialist sexual health clinics for transgender clients (Clinic T), men who have sex with men (Clinic M) and women (Clinic M) as well as a dedicated care pathway for sex workers.

We will continue to promote sexual health services through targeted communication channels. We will raise awareness of the availability of services among voluntary and community sector groups which support transgender clients, survivors of sexual violence and others who have experienced trauma. **We will** work with Brighton Oasis Project and other agencies and stakeholders who work with and support sex workers (including trans sex workers) to develop innovative and effective services (for example piloting the offer of on-line HIV home testing service).

We will publicise and promote the sexual health service Twitter and Facebook profiles in order to increase targeted health promotion for those at risk of sexual ill-health.

We will work to ensure that patients have relevant information on cervical screening and will explore what additional support may be needed.

Proportion of Themes



Big talking point 2:

How can we make better use of medicines?

Access

What did you tell us?

- You said that pharmacies play a key role in support and advice for a variety of conditions and concerns. One way you would like to see this improved is improving access to pharmacies in the evenings.
- You have concerns that some over the counter medications may be taken off prescription, which might be a barrier for people on lower incomes.
- You would like us to make sure that all communications are accessible and easy to understand. We should make sure important information is available in community languages, easy-read and different formats.

What are we doing?

The CCG's medication review pharmacists, who work in care and nursing homes and also do home visits to housebound people, use a variety of different resources and materials to improve patient's access and understanding of their medicines.

We will develop an information leaflet about services available in community pharmacies. This will be finished in Spring 2018, and will then be translated into community languages and Easy Read. **We will** work with the Deaf/deafened communities to cascade information about the services available in community pharmacies. **We will** also look into doing a short BSL signed video, if feedback indicates this would be useful.

The city-wide "Pharmaceutical Needs Assessment" (PNA) is currently being finalised and includes analysis on the distribution and availability of pharmacies at evenings and weekends. **We will** ensure feedback from the Big Conversation is included in the PNA as appropriate, and look at provision of pharmacy opening times in the evening.

There is currently a national consultation on the supply of over the counter medication on prescription. **We will** continue to share this national consultation, so that local residents can share their concerns and feedback into the national guidelines. **We will** ensure that we engage with local communities when the outcome of this consultation is known.



Medicines and Prescriptions

What did you tell us?

- You felt that one way to reduce medicines being wasted would be to have a campaign to raise awareness about the cost of prescription versus over the counter medicines. In order to make this accessible it could be produced in video, easy-read and community languages.
- You want medicines reviews in pharmacies to improve in terms of consistency of quality and consistency of timing. You also thought that medicines reviews could be improved by offering to conduct reviews over the telephone or in community-based settings.
- You felt one way to improve uptake of medication reviews, would be to highlight the positive effects of reviews, and follow up if people miss their review.
- You think we should assess whether patients can read and understand instructions on medicines; and provide support if not. You also want us to be aware that packaging can be an issue, especially for elderly patients with arthritis.
- You would like more research to be undertaken to understand self-medicating and the barriers to prescription medicines.
- You would like advocates, community navigators and health coaches to have a greater role in supporting people to understand their health conditions and medicine prescribing.

What are we doing?

In January 2017, we launched a public awareness campaign called #HelpMyNHS, part of which explains the costs associated with GP prescriptions for medicines that are also available to buy over the counter.

We have 28 Healthy Living Pharmacies in the city. These pharmacies have a role in signposting people to other services that may provide support for example, health trainers, Voluntary and Community sector support and mental health services.

How can we make better use of medicines?

We will work with the relevant partners, such as care agencies, the voluntary sector and patient groups to promote the use of medication reviews and highlight to patients the benefits.

We will continue to offer medicine reviews via telephone consultation, home visits and at GP surgeries where appropriate.

Information and Communication

What did you tell us?

- You said that not enough people know about the wide range of services pharmacies can offer, and would like us to promote the role of pharmacies using social media, on TV screens in GP Surgeries and through Patient Participation Groups (PPGs).
- You would like more people to know about services which can make pharmacies more accessible including interpreting services, private consulting rooms, audio medications information, braille and home visits etc.
- You would like a list of trustworthy websites/sources of information about medications and information about pharmacy services to be given out with prescriptions.
- You said there is not enough information and support for carers/families on medicines; and that we should include carers in conversations about medicines.
- You said that advice leaflets in medicines often contradict GP instructions, and that you want more consistent information.

What are we doing?

The CCG medication review pharmacists have been working with voluntary sector organisations to promote the role of pharmacists and medication reviews. **We have** worked with the Carers Centre to provide information on pharmacy services, including how carers can get advice on medicines and be involved in medicine reviews.

We do provide free interpreting services to all pharmacies; **we will** ensure that information about interpreting services is resent to pharmacies and that they are aware of how to access and use these services.

We will work with pharmacies to ensure they are aware of their responsibilities to provide information in a range of formats.

We will work with community pharmacies to highlight to people the range of services which make pharmacies more accessible e.g. interpreting service.

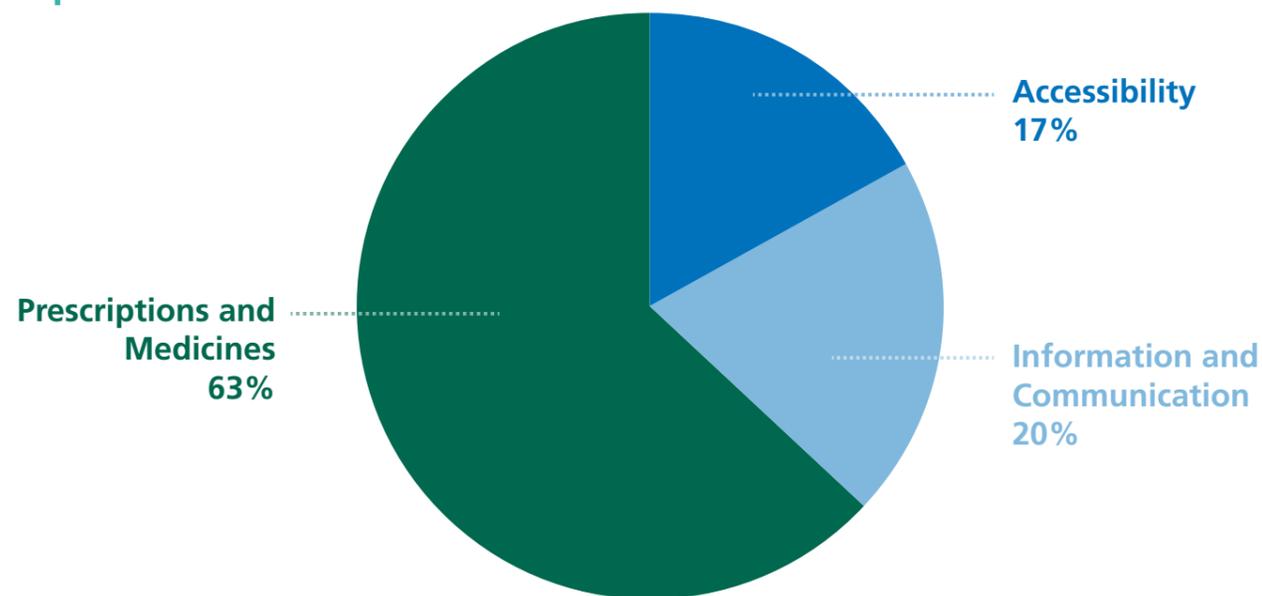
We will work with community pharmacies to encourage them to signpost housebound patients to the CCG medication review team to arrange home visits.

We will increase awareness about pharmacy services available in Brighton and Hove with a new leaflet, use different methods of communication to reach patients and carers e.g. website, social media, posters and GP surgeries' TV screens.

We will continue to advise people to use the NHS Choices, My Life online directory (www.mylifebh.org.uk) and patient.co.uk websites as reliable sources of information for patients about their conditions and medications.



Proportion of Themes



Big talking point 3:

How can we prevent people ending up in A&E?

Alternatives to A&E

What did you tell us?

- You said that you would use alternatives to A&E, including Walk-in Centres, Minor Injuries Unit or Urgent Care Treatment Centres if they can offer you medical treatment when it is not an emergency.
- Some of you said that your experience of accessing the Walk-in Centre was positive, others said that there are still long waiting times.
- You said that people need to take more responsibility to save A&E for emergency situations.
- You said that when people can't make appointments with their GP, some people will go to A&E even if it is not an emergency.
- Some of you said that pharmacists can play a greater role in urgent care, but that some people are not aware of this.
- You said that NHS Choices (www.nhs.uk) is helpful in terms of finding out about symptoms and deciding whether you should wait to see your GP, access other urgent care or go to A&E.

What are we doing?

We have developed and launched a #HelpyMyNHS campaign which includes messaging about the range of options available for urgent care. **We will** continue to promote this through a multitude of channels, including to local community and patient groups.

We have promoted the use of pharmacies in our #HelpyMyNHS campaign, and, as a result of wider feedback, **we have** developed a short information leaflet explaining about services available in local pharmacies. When finished, this will be translated into community languages and Easy Read, and will be sent out widely through local community and patient groups.

We will promote the My Life online directory (www.mylifebh.org.uk) as a trusted source of information on health conditions, also local health and care services and other sources of support.

Concerns

What did you tell us?

- You are concerned about experiencing long waits at A&E and some of you fed back that you are concerned about the numbers of people needing A&E due to drugs or alcohol on the weekend.
- Some of you had concerns that you were not treated equally at A&E, including young people and homeless people.
- You were concerned about the workforce and staffing levels – especially with regard to leaving the EU, public sector pay freezes and low morale.
- You were concerned about funding for urgent care services and pressure on the NHS over winter.
- You said limited access to GP's made it more likely for people to the hospital for care.

What are we doing?

We are working closely with the local hospital Trust to try to minimise waits in A&E; however, we know that in particularly busy periods, people will have to wait to be seen as they are seen and treated based on their clinical priority/need. **We have** developed the #LoveMyNHS campaign which helps to inform and support people to use alternatives to A&E where appropriate, which will help with waiting times.

We will feed back concerns about inequity to treatment to the hospital and ask them to respond.

We have secured additional funding from NHS England for the winter period, which pays for more beds in the community, more therapy and home care. This helps to ensure that people, who need care over winter, whether due to an accident or illness, get prompt and appropriate care through timely discharge from hospital.

We are working closely with primary care colleagues to enhance access to GPs, including extending opening hours and the number and type of clinicians available.

We cannot influence government policy over Brexit and the public sector pay freeze. We suggest that people liaise with their local MP to raise their concerns.

Information and Communication

What did you say?

- You said that some people only know to go to A&E for urgent care – there is a lack of awareness about other places people can go.
- You said that more needs to be done to promote the alternative to A&E and opening times. You said that we could have a campaign, visit community groups and tell people face-to-face.
- You said that information about alternatives to A&E should be in accessible formats including community languages, easy-read and British Sign Language (BSL).
- You said that increased use of online health information would reduce pressures on urgent care services.
- You said there should be more information about alternatives to A&E out in the community- so that people who need urgent care can find out where they should go without needing internet access.
- You suggested that day centres for homeless people should have better signposting of where to go for urgent care needs.
- You said that there needs to be better record sharing between health services, so that all urgent care services can access your medical records.

- You said that you did not know that there is an NHS Dental Helpline and that more should be done to advertise this.

What are we doing?

We have developed and launched a #HelpMyNHS campaign, which includes messaging about the range of options available for urgent care. **We will** continue to promote this through a multitude of channels, including to local community and patient groups.

We will ensure that our bi lingual Health Promotion volunteers have this information and that they cascade in the communities they work with.

We will ensure that services that support homeless people and those who are insecurely housed are provided with information about the range of urgent care services and #HelpMyNHS materials.

We will liaise with Deaf/Deafened and hearing impaired people to find out more about their knowledge and experience of urgent care services, and establish what information they need and the format that will be most helpful.

We are working hard to resolve the key challenge for the urgent care workforce to ensure patient information is available at the point of treatment. **We will** continue to promote the utilisation of Summary Care Records and will focus on increasing the take up by patients to provide explicit consent enabling the sharing of more detailed information especially across the more vulnerable groups of patients.

We have included information on the dental helpline on our #HelpMyNHS materials; **we will** ensure that this information is cascaded widely in the city and that it is also on the My Life directory. **We will** also ask our Patient Participation Groups in GP practices to help publicise this service.



Local Suggestions

What did you say?

- You said you would like an urgent care centre, based near A&E. You said it will need to have all the skills and knowledge there and be open all hours. The centre should be very clear about what it can and can't do and it should have access to mental health specialists.
- You said that health needs should be triaged so that only the people who need to be in A&E are there.
- You would like us to pilot an A&E social prescribing project.
- You said you would like another walk-in centre, perhaps in the Hove area and another polyclinic.
- You suggested that we develop initiatives such as a 'health passport' to ensure that people from diverse communities can access appropriate urgent care quickly. This could include health conditions and communication needs – and might be helpful for young people, some disabled people and non-English speakers.
- You said you would like to find out the current waiting times for urgent care services like A&E and the walk-in clinic so that people realise they will be seen quicker at alternative services to A&E.
- You would like First Aid Centres to treat minor injuries like cuts, minor burns or sprains.

What are we doing?

We are currently working to develop a model of an Urgent Care Centre, which is likely to be based very near the A&E department. This centre will help treat minor injuries and ailments, however **we will** continue to promote self-care and ways to find appropriate information, such as at a pharmacy.

We are developing a service which will ensure that A&E treat those who need to be there and non-emergency presentations are signposted to attend alternative services.

“Care needs to be 24 hours a day because our lives are 24 hours a day.”

We will ask the groups in the Voluntary and Community sector whom we work with to reach some of our most marginalised communities about the usefulness of a “health passport”. There has already been work to develop a health summary for people with learning disabilities and a “Carers Passport”; **we will** look into whether these initiatives can be built across other communities within the city.

We do have the information on waiting times at A&E; however as these do vary during the day, **we cannot** provide up to date information on these waits at all times at this time, although an app may be developed which could provide details of services, opening times and waiting times. **We will** inform you as this progress develops but suggest that in the meantime, when people attend they ask how long the wait is likely to be.

We cannot at the moment pilot a social prescribing service within A&E; however **we will** look into the need for this and whether it is feasible to develop a pilot later in 2018.



NHS 111

What did you say?

- You said that NHS 111 relies on people being articulate and communicating their symptoms clearly, this can be more difficult for people who do not speak English as a first language, people with learning disabilities, young people and older people as well as others.
- You raised concerns that some of the questions are not relevant or do not make sense when calling an ambulance or using NHS 111, and this can delay care.
- You had mixed experiences of using NHS 111. Some of you had found it useful in terms of getting advice, information or emergency prescriptions. Some of you had found it difficult in terms of being asked irrelevant questions, being signposted to A&E unnecessarily, and experiencing long delays for call backs.

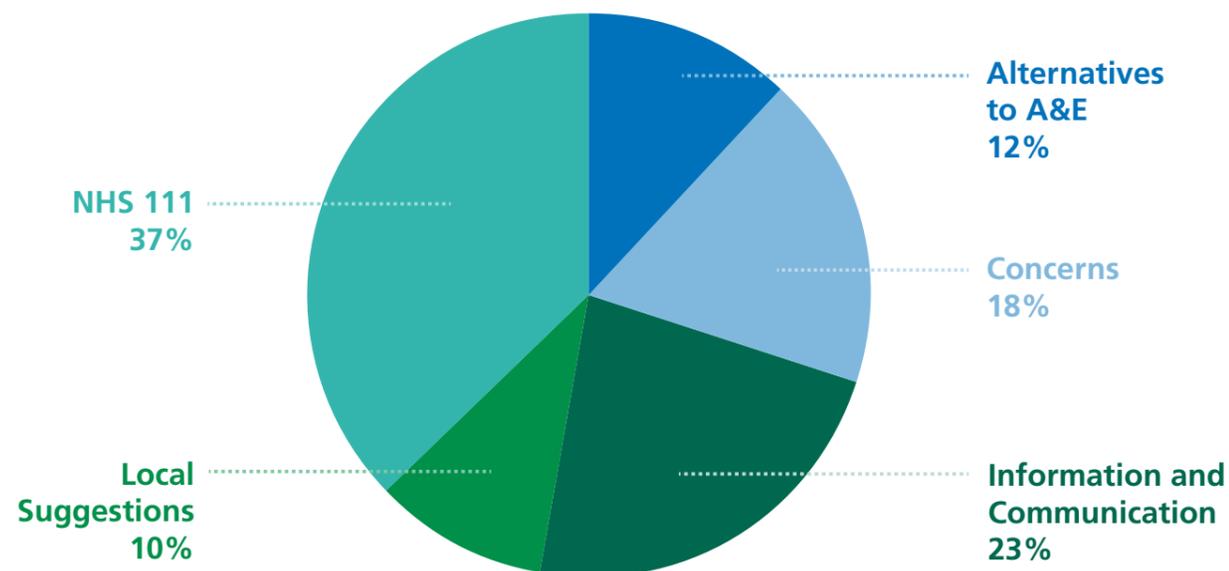
- You have concerns about call-handlers giving advice or signposting without being a medical professional. You would like to speak to a medically trained person when you call NHS 111.

What are we doing?

We will feed the concerns above about accessibility of NHS 111, questions used by NHS 111 and the professional approach of call handlers into the current recommissioning of this service. The new recommissioning of the service in 2019 will resolve some if not all of the concerns raised.

“I had a bad experience of A&E, I think because I was homeless, they assumed I just wanted drugs and I had to wait a really long time.”

Proportion of Themes



Big talking point 4: How can we improve care when you are referred by your GP?

Appointments and Referral Management

What did you tell us?

- You said that the process of making a hospital appointment needs streamlining. Some of you said the process seemed to have many stages and take up a lot of time at your GP and hospital. You would like the appointment process to have fewer stages.
- You said that some patients have been referred for appointments at health services which are located out of area. You said you would like more support with transport if you are referred to a service outside of Brighton and Hove.
- You said that there can be particular difficulty for older people, people with long-term health conditions and disabled people. This should be taken into account when making the referral.
- Some of you said that once in the system it works well, but the process of making an appointment is uncoordinated.
- You said that when you are referred to an out of area service, it can be unclear who to contact regarding your care or your appointment.
- You said the referral management service does not feel patient centred.

What are we doing?

We are working with our referral management service to ensure that their communication, and access to appointments, is appropriate for all patients, including those with sensory impairments or disabilities. **We will** carry out an Equality Impact Assessment which will highlight any areas of improvement required.



“Referral systems do not seem to work – patients have to do the work to connect the dots” HKP Multicultural Women’s Group.

We will do a patient/carer-led review of all the information our referral management service sends to patients.

We will continue to work with our referral management service to continue to gather feedback from patients and their families/carers and use this to continually improve their service.

We will work with our GP practices to ensure the referral management service receives all the information they need to make a booking that is suitable for the needs of the patient.

We will continue to ask our referral management service to support patients to choose care that provides access to timely care and treatment, which may be outside of Brighton and Hove. **We cannot** withdraw choice as this is a patient's right under the NHS Constitution.

We will promote the Healthcare Travel Costs Scheme more widely, in order that some groups of patients, and their carers, can access help with travel costs.

We are implementing E-Referral for all hospital services – this means that appointments can be directly booked onto an electronic system which is more effective and will streamline the process for patients and GPs after appointment.

*“I had an appointment at Hove Polyclinic – the appointment has been changing since January – the doctor did not explain what the appointment is for so I don't even know if I need it.”
GP Waiting Room Outreach*

Concerns and Delays

What did you tell us?

- You said that you have concerns around private companies being contracted to deliver specific health services – such as high street opticians delivering audiology services.
- You are concerned about funding for the NHS and how this is impacting on services that you need to be referred to.
- A lot of you said that you had waited a long time for an appointment after being referred by your GP. You said that delays in referrals can affect patients' mental health and cause deterioration in physical health – it can also leave people feeling confused or worried.
- You said that a lot of responsibility is placed on patients to make sure that referrals are successful – and this is more difficult for patients with complex needs.

What are we doing?

We work in partnership with our local hospitals to make the changes necessary to the way care and treatment is delivered to make sure that patients don't have to wait longer than 18 weeks to be seen and treated. We know that sometimes patients have to wait longer than 18 weeks but this is a NHS Constitutional standard that we take very seriously.

We are working with our GP practices to support them with alternative ways to get advice from hospital based specialists. This helps to reduce the numbers of patients who need to go to hospital to be seen.

We are working with neighbouring CCGs to ensure that health care we provide is based on clinical evidence that shows maximum benefit for patients' health. Any private providers that we buy health care from receive the same payments, or less, than the local hospital. By buying audiology services from local private providers we can make sure patients are seen quickly (in less than 6 weeks) and at a place nearest to their home. It also helps the CCG to manage costs as providing these services away from the hospital helps us to keep costs

down. **We will** continue to monitor all of our private providers rigorously to ensure standards of quality, safety and timeliness are maintained.

We will continue to work with a number of different departments at our local hospital to look at how they can provide services differently.

We will work with our referral management service to ensure that the diverse range of patient needs are recognised and responded to.

We will continue to work with neighbouring CCGs to ensure the health care offered is consistent across different areas and based on clinical evidence of success, in order to ensure the best outcomes for patients. **We cannot** influence the funding we receive from central Government, but we can ensure it is spent on the healthcare that best meets the needs of our population.

“Letters and more letters – can't they use text messages or email for contact?”

Information and Communication

What did you tell us?

- You said that patients can feel they are not kept informed about their referrals. You said that you would like to be kept informed throughout the referral process. You said that a range of methods are required to meet communication needs; some people may prefer online services or text messages, whilst others may prefer letters. More work needs to be done to communicate with homeless/ insecurely housed people who may not have a fixed address or mobile phone.

What are we doing?

We will continue to work with our referral management service and local hospitals to support them to recognise and meet the range of communication needs amongst our patients.



Patient Experience and Patient Choice

What did you tell us?

- The GP should spend more time explaining the options around referral to secondary care.
- There needs to be better communication on patient choice.
- You would like us to encourage patients to become more involved in understanding where to access information on waiting times and the referral process.
- You would like to speak to the same person about your care and the referral process.
- You would like more alternatives for local appointments.
- Some of you described a positive experience of going through the referral process and receiving care quickly and efficiently.

What are we doing?

We will do a patient-led review of all information sent to patients from our referral management service.

We will continue to work on E-Referral, including making sure patients know how to access this system if they wish to, to make changes to booked appointments, or even make the appointments themselves.

We will work with GPs on having informed conversations with patients around choice of provider, and make sure the information on providers on the CCG website is kept up to date.

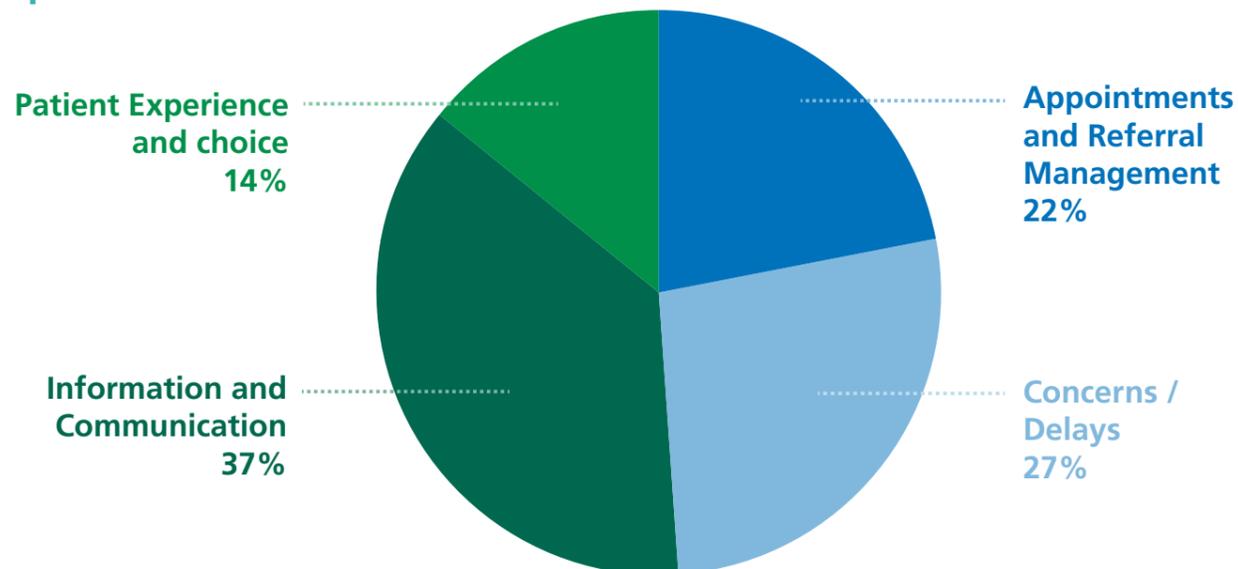
We will continue to look at ways care and treatment can be delivered away from hospital.

We cannot promise that local appointments can always be an option given the current pressures on health care.

We cannot guarantee you will always speak to the same person about your care and the referral process.

“I am disabled, and it is difficult for me and my wife to travel to a hospital that is miles away.”

Proportion of Themes



Big talking point 5: How can we make sure mental health is treated equally?

Accessibility

What did you tell us?

- You told us that mental health needs to be treated equally with physical health.
- You told us that it can be hard to manage mental health conditions if you have complex needs such as homelessness, or addiction.
- You said that isolation is a key factor in poor mental health.
- You said that you wanted more investment in ways to reach the most vulnerable patients and those who are harder to reach.

What are we doing?

Our Specialist Children and Adolescent Mental Health Service (CAMHS) has reduced waiting times for routine treatment to be no more than 8 weeks from referral and for priority to be a maximum of 2 weeks for treatment (excluding neuro-developmental referrals); this is a marked improvement to the 18 weeks that children and young people previously had to wait.

We have arranged for support in a variety of community settings, such as the Young People's Centre.

We have a specialist service for people with serious mental illness to ensure they can be seen by their GP and a mental health professional, looking at both physical and mental health at the same time.

We have commissioned a specialist Homeless Primary Care Plus service to provide more responsive and proactive services for, and to improve the health and wellbeing of, those with complex needs across the city.

We have developed staff skills to support people with substance misuse and mental health issues, to help

improve access to and engagement with treatment.

We have introduced Community Resources Advice Service which is open access and can be contacted by anyone with a concern about their own or someone else's mental health. This can be accessed by GPs and offers advice on relevant services and support for people with mental health.

We have developed our social prescribing service across GP practices, which can support people to access information and support on mental wellbeing.

In recognition of the effect of loneliness on mental health, **we have** continued to fund a city wide befriending service, plus groups and activities across the city for older people in particular. Our social prescribing service also supports people to access befriending and community based activities.

We are currently working with our Specialist CAMHS to develop and provide mental health support to vulnerable groups of children and young people, including those who are in care, with substance misuse or known to the Youth Justice system

We are engaging with service users and their carers to gather feedback and ideas for improvements that will feed into our redesign of Mental Health Support services, to be in place by April 2019.

“I have worked in Mental Health Care Homes and felt very disappointed by how overstretched and unavailable out of hours mental health support is until the need is critical and even then it is often inadequate.” Internet Survey

Community Support

What did you tell us?

- You told us that there is not enough supported accommodation in the city.
- You said that availability of talking therapies need to be expanded, including improved access to talking therapies for victims of crime including survivors of sexual violence.
- You said that the Voluntary and Community Sector could work in a more joined up way to provide mental health support.
- You said that there should be increased peer support for people with mental health needs. You also said that true peer support comes from the ground up from people with lived experience.
- You said that more support and encouragement needed for people to access mental health services.
- You said that we could utilise libraries as a place to give talks and drop in support, as well as continuing to develop the 'Shelf-Help' books recommended by professionals.
- You said that community groups and services can have a hugely positive impact on mental health and social isolation, and that information about

“Going to a community group saved my life. I saw the brochure in the library when I was feeling very low after a lot of life changes, I didn't really know what I was living for. I intend to go to the group regularly, even though it is difficult.” Community Group

these groups and services should be offered to anyone who does not meet the threshold for mental health services.

- You asked if we could offer mindfulness courses as an alternative to Cognitive Behavioural Therapy.
- You suggested that we could have Community Care Centres attached to GP Clusters (a group of local GP practices) where all kinds of community support could be offered, including mental health support.
- You said that people with mental health needs should have access to longer GP appointments and the possibility of home visits.



What are we doing?

We have commissioned therapeutic support for children under 14 years old who are victims of sexual assault.

We have created an online website www.findgetgive.com where children, young people, parents/ carers and professionals can access information, advice, guidance, self-help support, blogs, vlogs, apps etc. to support their emotional wellbeing. They can also find information on which services to access via self-referral and give feedback on those services. There is also a range of information about mental wellbeing on the Brighton and Hove City Council Website and the My Life online directory www.mylifebh.org.uk.

We will promote these resources, and **we will** ensure that the difficulty in finding the right mental health support is addressed through our recommission of support services during 2018/19.

We have developed and commissioned an all ages Wellbeing Service where services for children and young people are provided by a range of statutory and voluntary sector providers working in partnership.

We have commissioned Mental Health accommodation with support services and are strengthening links with clinical services and community rehabilitation pathways.

We have peer support integrated within a number of services and pathways e.g. Day services, peer trainers with Recovery College, and in Eating Disorder services. We recognise the value of peer support and **we will** continue to explore ways to develop and support this within and outside of our services,

We have ensured that Mindfulness is available through our existing mental health services.

We will develop a role for a specialist to support GPs to ensure children and young people get the support they need for mental health issues as soon as possible, and to support the increase of knowledge and expertise within primary care. This will be implemented in Spring 2018.

We will ensure that the views of service users and carers are central to the design of our new model for Mental Health Support services and recovery support. We are

aware of the pressures on some services and this will be taken into account when we redesign the model.

We will work with GPs and the Wellbeing Service to ensure that information on ways to look after mental wellbeing is provided whilst people are waiting for a clinical appointment, which will include accessing information through libraries, online information and community based support.

We will review the need for supported accommodation as part of our redesign of Mental Health Support services.

We will promote the fact that patients can ask for longer appointments with GPs, although we do recognise that this can be a challenge to provide due to the pressure on primary care appointments.

We are not currently looking at a model of Community Care Centres aligned to GP clusters, but may do so in the future.

Crisis Support

What did you tell us?

- You would like a 24-hour crisis services available with peer volunteers and staff.
- Some would like a crisis support cafe open at night in the early hours, where it's most needed.
- You would like a mental health nurse to be based within police teams.
- You suggested piloting a mental health bus, which is based in community locations and offers crisis support.
- You fed back that the Assertive Outreach Team are important and offer a tailored, flexible service to people with complex needs.

What we are doing?

We have implemented a mental health liaison team at The Royal Alexandra Children's Hospital which runs 7 days a week (until 8pm on weekdays and 6pm on

weekends), and we are trialling a telephone system running Monday – Friday until 10pm for professionals to use in accessing specialist mental health advice for young people under 18 years old.

We have successfully bid for funding from NHS England to develop a team to support the mental health needs of hospital inpatients, specifically on older people's wards.

The CCG and Public Health have been working together to improve our service that supports people with addiction and mental health issues. These changes will be in place in spring/summer 2018.

We are looking at ways to provide better support across the geography and diverse communities of the city; this does not currently include a bus, but **we will** be reviewing all options in the redesign of our Mental Health Crisis Pathway in spring/summer 2018.

We will examine the effectiveness of 'crisis cafes' as 'drop-in' centres (particularly out-of-hours) where the homeless and people at risk of mental health crises can receive support and advice. **We will** also review the use of other public buildings (libraries included) as centres offering support and advice; we are working on this with East Sussex Fire and Rescue, who may be able to contribute volunteers.

We will look at the appropriateness of developing a crisis house or recovery house as an alternative to inpatient treatment, giving support in less intensive and more accessible settings, and avoiding lengthy inpatient admissions (which may not be the best support for some people suffering poor mental health).

We are developing a 'crisis hub' which will bring together our Crisis Response and Home Treatment teams with the Mental Health Rapid Response service, into an integrated holistic service which will improve patient outcomes and patient experience in community settings. We are looking at ways to improve Home Treatment Teams, which will include increased time to work with primary care, carry out medicine reviews and provide support to avoid a crisis.

We are hoping to bid for money to work with the organisation Grassroots, to upgrade their "Stay Alive" suicide prevention app.

Concerns

What did you tell us?

- You are concerned around inconsistency of reviews for people on antidepressant medication.
- You are concerned about long waiting lists for people to access mental health support, and how this might result increase suicide and self-harm.
- You told us that physical health of mental health service users can sometimes be overlooked by professionals.
- You told us that attitudes to people with mental health issues are still inconsistent amongst health professionals.
- You said that you are concerned about funding issues within the NHS and the impact this is having on mental health services.
- You said that more should be done to tackle stigma around mental health.



What we are doing?

In Oct 2016 **we launched** #IAMWHOLE – a social media campaign aimed at young people to reduce stigma, encourage them to recognise they needed help and see that help. In Oct 2017 we took the message from #IAMWHOLE to create a story aimed at 8/9 year olds and integrated this as part of the PHSE in schools.

We know that waiting times for the Wellbeing Service have been too long, and **we have** worked with the provider of this service to take measures to ensure waiting times return to normal levels.

We have a specialist service for people with serious mental illness to ensure they can be seen by their GP and a mental health professional, looking at both physical and mental health at the same time.

We will implement the action plan recommendations from the recent self-harm needs assessment that is due to be published by end March 2018.

We will ensure that we look at the issue of inconsistencies between mental health support services in terms of knowledge and treatment as part of our redesign of these services. **We will** ensure that GPs are supported to increase their knowledge and skills to deal with mental health issues through the ongoing support of specialist colleagues as previously mentioned.

We will ensure that our redesign of mental health support services across both the CCG and The City Council will provide the best possible model to support mental wellbeing within the available finances.

Dementia

What did you say?

- You said that you would like us to learn from the 'Dementia Villages' and make Brighton and Hove a dementia-friendly city.
- You said that patients are having to wait too long to have memory tests after they have been referred by their GP. You also said that

communication between the Memory Assessment Service and GPs needs to improve.

- You said that there should be a single point of contact for patients and carers, and more information on how to access dementia services in the city.

What are we doing?

Brighton & Hove has officially been recognised as "working towards becoming a dementia friendly community". The local Dementia Action Alliance have signed up more than 100 local organisations in the last year. **We will** work with partners to increase information on, and awareness of, current services and support, including initiatives such as Dementia Cafes.

We have provided more funding to the local Memory Assessment Service to increase staff levels in order to decrease the waiting list that has built up recently.

We know that current services are fragmented, time limited and variable in terms of support offered. **We will** be working with partners – including services, the voluntary and community sector, and people living with dementia and their carers, to understand the problems with existing services and to co design a model of what would represent better care support.

Information and Communication

What did you say?

- You said that you would like local communities' events such as Pride, the Fringe Festival and the Great Escape to be used as platforms to raise awareness about mental health.
- You said there should be more information about children and young people's mental health, building on the I Am Whole campaign.

What are we doing?

In October 2016, we launched #IAMWHOLE – a social media campaign aimed at young people to reduce stigma, encourage them to recognise they needed

help and see that help. In Oct 2017 we took the message from #IAMWHOLE to create a story aimed at 8/9 year olds and integrated this as part of the PHSE in schools.

We will develop information on mental health services that are available via a range of media that ensures optimal accessibility (both online and printed copy). **We will** ensure these are distributed widely across the city, including at key events.

“The issue is the time it takes to get referred. I ended up borrowing money to pay privately as I could not wait that long.” Internet Survey

Positive Experiences

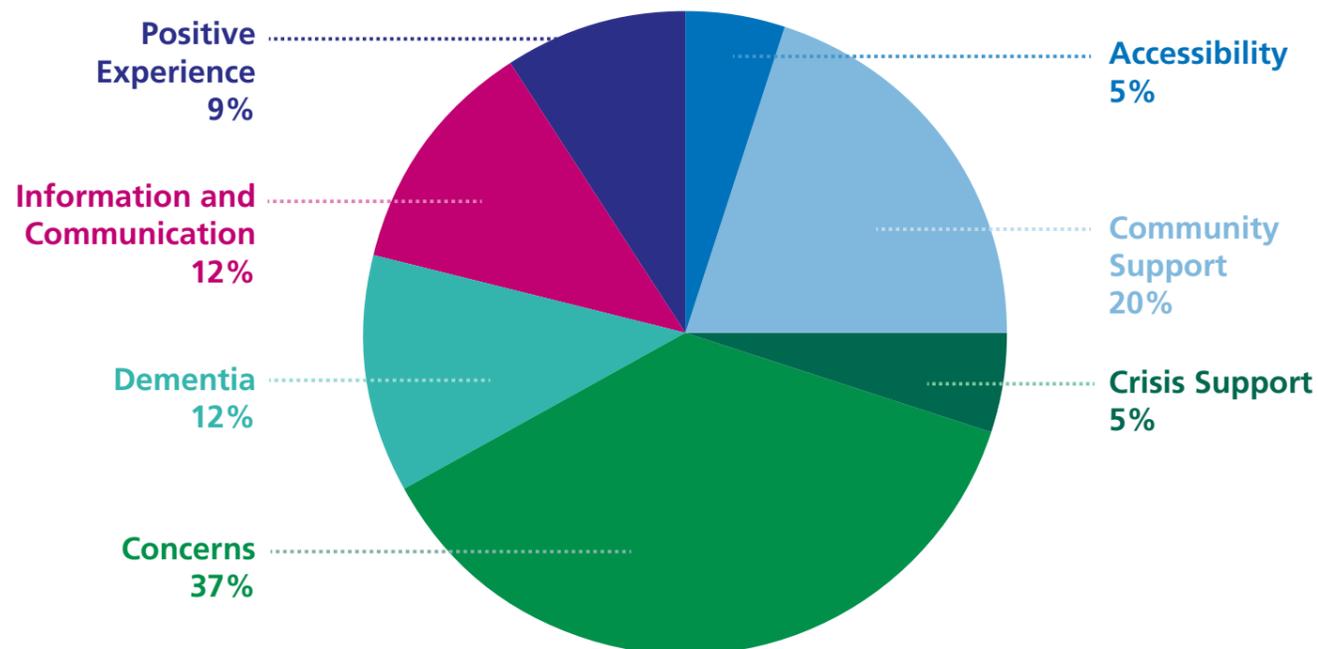
What did you say?

- Some of you said that you had a very positive experience of psychiatrists and mental health services
- You highlighted the Lighthouse personality disorder service as working well and developing good peer support networks.

What are we doing?

We are pleased to hear that people like the Lighthouse personality disorder service; we are working with people who access the Lighthouse service to find out what works well for them and how we incorporate this into future services.

Proportion of Themes



Big talking point 6: How can we support people to stay out of hospital?

Positive Experiences

What did you tell us?

- Some of you fed back that you had positive experiences of care following hospital discharge, with a diverse range of practitioners supporting you in the community.
- You fed back positive experiences of liaising with a care coordinator, rather than trying to coordinate your care with several different practitioners.

What are we doing?

We are working closely with our community providers to develop the 'responsive services' model, which is a multi-disciplinary team of clinicians, social workers and therapists, working together to support people to stay out of hospital.

We have developed a new team to support people to go home from A&E and short stay units, rather than being admitted. The team can access therapy and home care quickly so people can go home with the right support.

We have increased funding for the "Link Back" service, which provides support to people after discharge from hospital and helps refer and support them to access community based information, support and activities.

We will look at developing more short term home care services to respond quickly to people who may be at risk of admission and not to delay discharges.

Community Care

What did you tell us?

- You said that you would prefer to receive some services in the community, rather than everything centred at the hospital. You said you would like to see more community beds and community nurses so that people can stay out of hospital.
- You want services and equipment to be delivered at the right time to patients in the community.
- You said that you would like to see phone calls and home visits included in care plans so that people are not left alone; you suggested that this includes neighbours, friends and befriending schemes.
- You suggested discounted repairs for older people to prevent falls or trips and make sure that people can stay in their homes.
- You said that community groups are a good way to offer support for local people, and volunteering opportunities, but sometimes there are barriers to this community support.
- You said that you want continuity of care from nurses and carers in the community, instead of different people each day.
- You said that people should have support with making healthy and nutritious meals at home.
- More support for people on hospital discharge in terms of adding rails/ bars at home to prevent falls.

What are we doing?

We are looking for areas of opportunity where services can be delivered in a community setting, and strengthening partnerships between community and hospital services. For example community services now have increased access to advice and support from senior clinicians to manage a person's condition in a community clinic.

We are also working in partnership with our neighbouring health and care organisations to share good practice on how out of hospital services are delivered, for example cardiovascular and heart failure services and fall prevention services.

We have commissioned 40 new community short term beds recently as a short term initiative to support people to have appropriate care outside of a hospital setting. These beds are in a range of places which means that specialist help for people with a range of needs can be provided.

We have recommissioned our Community Equipment service and people are being discharged from hospital quickly due to the efficiency of the equipment service but we now need to concentrate on ensuring that we collect more equipment that is no longer needed.

We commission the community equipment service to deliver equipment with same day (if ordered before 2pm), next day, 3 day and 7 day deliveries, with equipment prescribed and ordered based on an individual's need. Minor adaptations such as grab rails are also provided and fitted within these timeframes as clinically prescribed and at no cost.

We will continue to commission a support and advice service that helps people access repairs and adaptations to their homes and to help them make their homes more energy efficient.

We have supported Age UK and Brighton and Hove Food Partnership to produce a leaflet about healthy eating for older people; this was a direct result of feedback indicating a need for this information. **We have** also consulted with the Food Partnership as part of our ongoing work on prevention, recognising the role of good food which should be recognised in keeping people both physically and mentally healthy. We have promoted initiatives such as the Casserole Club to our staff and clinicians.

We will work with the Voluntary and Community sector and to identify barriers to people accessing community groups, and address these where we can. We know that one of the barriers is physically accessing community groups and activities; **we will** continue to explore ways to promote schemes to support people to get to these initiatives, including buddying and local transport projects.

We will be developing the communities of practice model in partnership with our local provider of community services, to ensure services are developed to divert people from having to attend hospital and where possible deliver care within a community clinic.

We will continue to fund the city wide befriending service, plus other initiatives to help prevent isolation and loneliness. **We will** continue to support our Voluntary and Community sector partners to develop a shared resource of recommended support at home services, such as repairs, shopping and gardening.

We cannot guarantee that people will receive consistent care from home care support workers, although we do recognise this is important, and ask our home care providers to take this into account. We monitor continuity of care on a monthly basis for all care delivered.



back home.

Joined-up Services

What did you tell us?

- You said that you would like more funding for social care and higher wages for home care assistants in order to improve quality and staff retention.
- You said there needs to be a combined workforce with recognised skills to bridge the gaps between services.
- You suggested a 'halfway-house' for people who need to be discharged from hospital but cannot yet go back into the community.
- You said that accelerated discharge needs to be done carefully to prevent readmission.
- You said that there needs to be a single budget for services to ensure they work together.

Information and Communication

What did you tell us?

- There needs to be more communication about care in place before patients are discharged.
- You said that care homes are not always called before hospital discharge, which means that they cannot prepare to care for people returning there from hospital.

What are we doing?

We are working closely with our community providers to develop the 'responsive services' model, which is a team of clinicians, social workers and therapists, working together to support people to be safely discharged out of hospital. On some wards at the Royal Sussex County Hospital, the 'Home First' pathway is in place, where a follow up check can be undertaken of someone's care and support arrangements within two hours of the person arriving

What are we doing?

Brighton and Hove City Council introduced the new UK Living Wage for their lowest paid staff in April 2013 and are now accredited as a Living Wage employer.

We have developed combined workforces, which have been in place for some time. Many of these combined teams work across a number of organisations including social care, community providers and the voluntary sector. However, we recognise there is more work to be done to deliver the best possible services and reduce the need for multiple workers undertaking duplicate tasks, and **we will** continue to review the service and make improvements.

We have commissioned a number of community rehabilitation beds, for people who are discharged from hospital but not ready to return home.

We will look at developing the workforce further across community short term services, to enable social care staff to deliver tasks previously delivered by clinicians.

We will develop a well-trained, non-medical workforce to provide a more holistic model of care, including volunteers and paid carers.

We will build on our existing social prescribing service and ensure the “Making Every Contact Count” approach is embedded in our health and care workforce.

Concerns

What did you tell us?

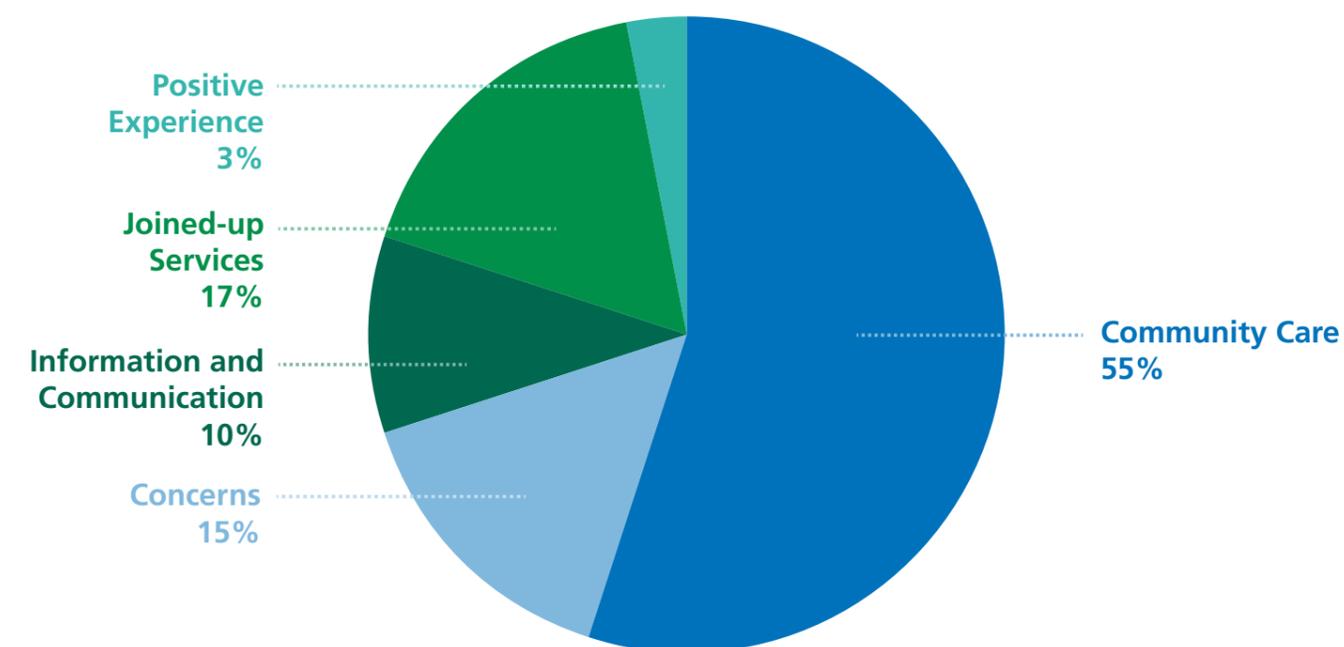
- You said you have concerns that patients are discharged from hospital too soon after operations.
- You have concerns about how assessments and home-checks are conducted to see if it is safe for a patient to be discharged – it needs to be done in a timely and robust way.
- You said that there is a burden placed on patients to be assertive and be able to do administrative work in order to ensure their health and care works as it should.

What are we doing?

We recognised that an ‘accelerated discharge’ can often lead to a readmission to hospital and have evidence to support this. **We will** ensure that people will not be discharged from hospital until they have been deemed medically ready, and continue to roll out our “Home First” service to support people straight after discharge, and provide other support such as the Link Back social prescribing service to support people to re-engage with wider support and activities.

We have identified that a key component of delivering integrated services will be the need to continue to pool existing resources across organisations including the consideration of shared budgets to support people focused services delivering the ‘right care, right place, right time’ policy to enable services to flex resources to provide what is needed when. **We will** continue to build on the existing shared budget arrangements, moving towards integrated health and care services.

Proportion of Themes



Big talking point 7: How can we make it easier to see your GP when you need to?

Accessibility & Patient Experience

What did you tell us?

- You told us that more work needs to be done to support people who are Deaf/ Deafened to see their GP. Examples include using qualified BSL interpreters instead of families or friends and offering longer appointments.
- You said you would like GPs to have more awareness and understanding of mental health conditions, LGBTQ and BAME identities.
- You said that telephone appointments can be difficult for people who do not speak English as a first language, people who are Deaf/ Hard of Hearing and other people who find it hard to talk on the phone.
- You said that telephone appointments could be preferable for people who have anxiety or some disabled people.
- You suggested that patients need to take responsibility themselves for whether they need to be seen urgently or not.
- Some of you said that it is easy to make an urgent appointment if you have serious symptoms.

What are we doing?

We will continue to work closely with local communities and Voluntary and Community sector organisations to increase awareness and understanding about diverse communities including LGBTQ people, BAME communities as well as mental health conditions and learning disabilities. **We will** continue to work with specialist organisations to deliver awareness sessions and training for primary care teams.

We will roll out the LGBT Inclusion Award that has been developed by LGBT Switchboard and the Trans Alliance across primary care; this will help increase awareness about LGBT communities, and support services to be more aware and more responsive.

We are working to develop a culture of prevention, self-care and self-management of long-term conditions among patients, supporting people to take more responsibility for their own health and care. **We will** continue to provide information about the range of services available, to support people to make the right choices about their care.

We are already providing telephone appointments with a GP or nurse for appropriate conditions (e.g. those that don’t require a physical examination) through our Practice Assist pilot. This service is available through a number of local GP practices in the city and is currently being evaluated. However, we know that telephone consultations are not always the best way to communicate. **We will** continue to raise awareness of best ways to communicate with people for whom telephone calls and consultations are not appropriate; for example, **we will** use the excellent films from Carousel to highlight the difficulties faced by people with learning disabilities, and **we will** work with Deaf / Deafened communities to establish best modes of communication with GP practices in particular.

We are already providing trained British Sign Language interpreters across GP practices, pharmacies, opticians and NHS Dentists. This is free of charge to both the service user and the service. No Deaf / Deafened person should have to rely on family or friends to interpret, so **we will** re-publicise the interpreting provision to the service, and also within the local communities as people can also self-refer to interpreting.

Concerns

What did you tell us?

- You said you have concerns about long waiting times and difficulties in making appointments – specifically being able to reach the surgery by phone to make an appointment in the morning. Often the phone is engaged and when you do get through, there are no appointments left.
- You said that you have concerns about GP closures creating a burden on the remaining practices.
- You have concerns about impact of increasing demand, cuts in funding, practice closures and shortage of GPs.
- You have concerns about GPs not picking up serious conditions early enough and patients feeling “fobbed off”.
- You sometimes find it difficult to get a routine appointment in good time.
- You have concerns about how GP services will cope with offering extended access (Appointments from 8am – 8pm and at weekends).

What are we doing?

We are developing an ambitious Primary Care Strategy for the city to address the workforce challenges our local primary care system faces; which are also felt at a national level. This strategy includes a workforce strand that describes how **we will** recruit new clinical staff, retain staff we already have who may be thinking of leaving and support those who have left to clinical practice to return. Building meaningful partnerships with local Medical Schools is just one way of nurturing talent and creating career pathways in our primary care system.

We are building capacity across the range of clinical staff to make sure that they are working appropriately, and not getting bogged down by process and administration.

We will be offering extended hours through a third party provider, so it's not the case that the existing



“I waited a long time to for a GP call-back. English is not my first language and it is difficult to talk to the doctor over the phone. I don't have the words and we need to point and see each other.”

primary care workforce will be asked to work longer hours. In fact, the extra provision at evenings and weekends will help to ease the demand for weekday daytime appointments which may make it easier to get appointments during these core hours without long waits.

We know that when smaller practices close this cause a lot of anxiety. However there is a move towards fewer, larger practices providing primary care services because bigger primary care teams can provide greater resilience, for example when clinicians are long-term sick or retire, and better opportunities for sharing and learning across the team. Primary care for every resident of the city will always be provided, though there may be changes in GP practices over time. Where there are changes, **we will** work hard to ensure that patients are transferred to other practices seamlessly and that there is no break in their care.

Our local clinical staff apply evidence-based approaches to healthcare which maximise the chances of identifying serious health conditions

early. Patients should not feel that their concerns are disregarded and their needs are not taken seriously. Where a patient feels that they have not been treated with appropriate care or courtesy, we suggest they speak to the practice manager initially, or they can make a complaint to the practice or to NHS England.

Information and Communication

What did you tell us?

- You said the information in GP practices such as the TV screens, needs to be more effective, and up to date.
- You said that you would like to know if appointments are running behind when you arrive at the surgery. This could be communicated face-to-face or on the screen.
- You said that GP practices could make more use of social media, being mindful that this cannot be the only way as some people are not online.
- You said that Patient Participation Groups can be key in helping to cascade information.
- You said that notes from your GP appointment should be made available to you following your appointment via online services.

What are we doing?

We promote best practice among GP practices with regard to communicating with patients. Where patients see information that is incorrect, out of date or unhelpful they should raise this with the practice. Similarly, suggestions can be made to the practice about updating patients e.g. around current waiting times in clinic or with regard to social media presence.

We will continue to support Patient Participation Groups to take a role in cascading information to the wider patient list, and to be a way of bringing the views of patients and carers to the GP practiced.

We will continue to work according to national guidelines and projects on improving access to patient records; in the meantime, patients can request to see their records at their own practice.



Local Suggestions

What did you tell us?

- You said that you would like a more diverse workforce to improve accessibility. For example recruiting Deaf/ Hard of Hearing GPs and other health professionals who use BSL.
- You suggested a local scheme to offer GPs and nurses affordable accommodation in order to attract new health practitioners to the city.
- You suggested that we reduce the amount paid to locums – if the incentive is removed they might be more likely to work in a practice.
- You said that not enough people know that nurse practitioners can often diagnose and prescribe treatment.
- You said that GPs should utilise social prescribing (assistance from the Voluntary and Community organisations) more.
- You said that having two sessions to book appointments can work well – so that you can phone in the morning or afternoon to make an appointment.

- You said you would like us to help people prepare for their appointment – to think about and record their questions.

What are we doing?

We will, like all NHS organisations, continue to promote diversity in the workforce and this includes physical disabilities.

We will look at what might attract healthcare staff to the city as part of our workforce strand in the developing Primary Care Strategy, including looking at factors such as accommodation, and also examining how we might address the culture of locum working by making salaried GP status or GP partnership attractive and rewarding to doctors. The strategy also includes supporting staff, for example nurses and health care assistants to offer skilled care for many issues. **We will** look at increasing awareness amongst patients of clinicians other than GPs working in general practice – for example, nurse and paramedic practitioners in order that people do not always expect to see a GP.

As part of the prevention, self-care and self-management approach that the CCG wants to promote among patients, **we will** be looking at how we can embed 'shared decision making' in primary care consultations.

We will extend our social prescribing scheme – Community Navigation – across all GP practices in the city. Clinicians and practice staff are able to refer people with a non-medical need to the Community Navigation service, which will explore the needs and refer on to community services as appropriate.

New Ways of Working

What did you tell us?

- You said that we need to continue to improve access to online booking, but recognise that this is not suitable for all.
- You have concerns around telephone appointments – one of the reasons for this is that a GP or nurse could spot signs or symptoms in face-to-face

situations, but cannot do this over the phone.

- Some of you fed back that online service makes it easier for you to make appointments.
- You said that we should explore different ways for patients to get support, such as Skype, mobile units and remote monitoring.
- You said that surgery staff could have a key role in encouraging patients to sign up for online services.
- Use of text reminders for appointments is a good idea.
- There needs to be less emphasis on telephone access and more on face-to-face care. Telephone access and consultation is not appropriate for all patients.

What are we doing?

Appointment booking systems are a matter for individual practices but **we will** always promote best practice in this area in the interests of patients.

We know that telephone consultations are only suitable for some patients, and these consultations are governed by a list of criteria to ensure they are offered appropriately. **We will** be exploring different ways of accessing care through some regional work and learning from good practice elsewhere; though there are versatile and exciting opportunities provided by technology, face-to-face consultations are likely to remain the main way in which patient receive their care in future.



Triaging

What did you tell us?

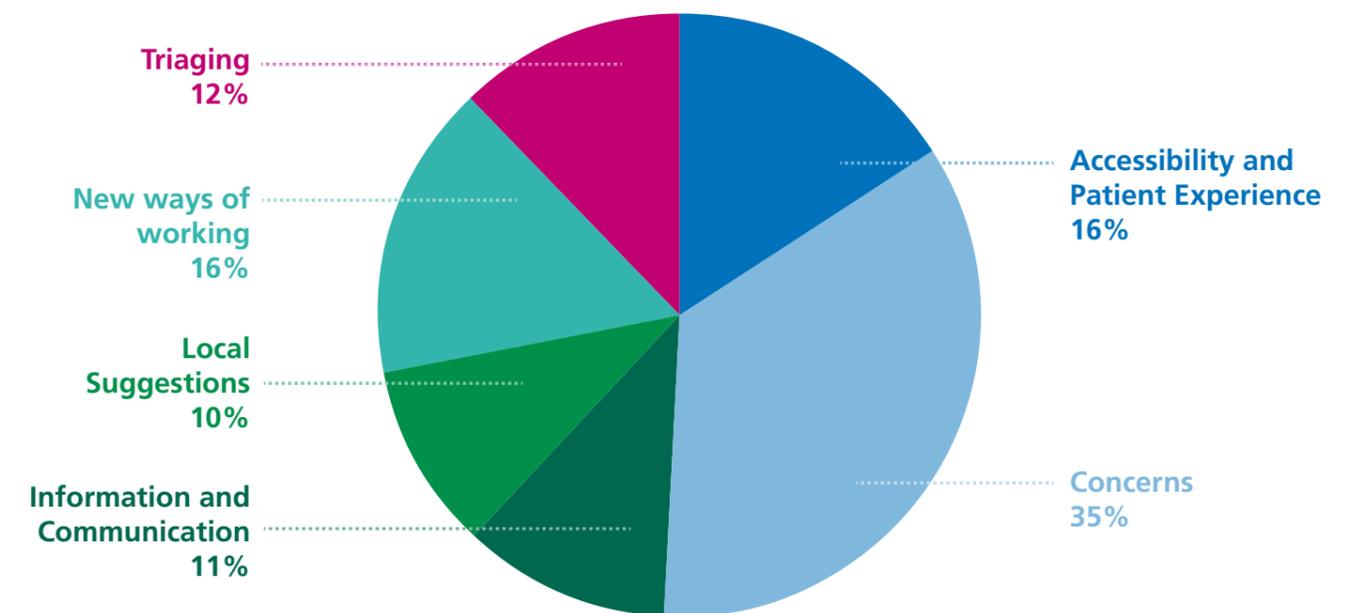
- You said you have concerns about non-clinical staff (such as receptionists) triaging health conditions and concerns about confidentiality and sensitivity in this process.
- You said that you would like more recognition, support and training for receptionists, particularly around customer relations.
- You said that you would like receptionists to have more awareness about learning disabilities and dementia.

What are we doing?

We will provide training for reception teams, recognising that receptionists are no longer just responsible for their traditional role of booking appointments. With the right training, they are can now assist in providing a more interactive role in ensuring patients see the right professional in the right place at the right time. For example, where appropriate, the receptionist could refer to a nurse or specialist worker which would ensure the GP's time is used effectively.

"I resent telling the receptionist details about my health."

Proportion of Themes



Big talking point 8: How can we give children and families a better start in life?

Community Support

What did you tell us?

- You said that more should be done to support young carers, who should be encouraged to disclose their caring role and seek help.
- You said that there should be more clubs and groups in children's centres.
- You said that parents with depression or mental health conditions should be offered support to access community services.
- Some of you fed back that you had to change community groups if you move house due to catchment areas – although you would have liked to continue going to the same groups.
- You said that you would like services to have more consideration for LGBTQ families.
- You would like more information about children's services available in other languages.

What are we doing?

We have commissioned an all ages Wellbeing Service that provides an opportunity for a family approach to emotional and mental health support.

We have developed a Family FindGetGive webpage as part of www.findgetgive.com that provides advice, information and guidance to parents/ carers including how to seek further help.

We have commissioned a Carers' Hub which includes support for young carers. The Carers' Centre carries out specific work around young carers, including going into schools to raise awareness. **We will** feed this into the Carers' Strategy group to ensure it informs ongoing work with young carers.



We will liaise with the providers of community services to ensure that they take steps to provide appropriate awareness for staff around LGBTQ issues. **We will** put services in touch with LGBTQ community groups for more information. The Wellbeing Service has a particular focus on reaching out and supporting LGBTQ communities.

NHS services should provide accessible information about their service, including translated information where needed. **We will** work with those providing services to help ensure this is implemented.

"[I would like to see] more information about the services available in other languages. Many people, especially those who come from other countries where these services don't exist, don't know about them. They would really benefit as they're often isolated."

How can we give children and families a better start in life?

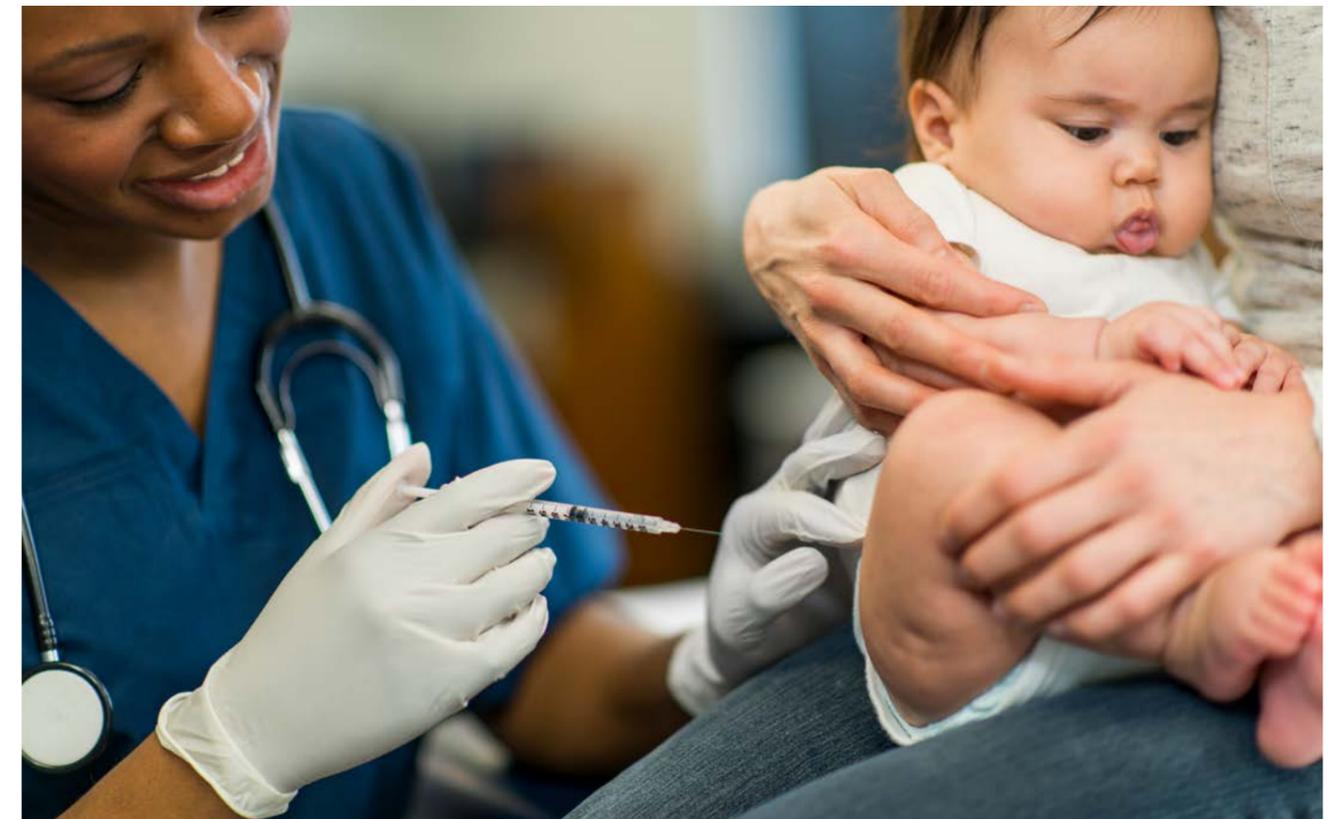
Concerns

What did you tell us?

- You said that difficulties in making GP appointments mean parents sometimes take their children to A&E.
- You said that poverty and inadequate nutrition is an increasing problem in giving children the best start in life.
- You said that you would like practitioners to have more support and training about special education needs.
- You said that you have concerns about maternity services and would like to see this service better-funded and better-staffed.
- You wanted to ensure communities/ families are included in decision making.
- You said you would like to see more consistency in communications for all families.

- You said you would like better training for Special Educational Needs Coordinators (SENCOs).
- You said you would like parents of learning disabled children to have regular respite care to allow them to work.
- You told us that Deaf/ Deafened parents can find it difficult to make appointments for their child and are concerned about the availability of BSL interpreters.

"My husband and I are deaf and we have a baby who can hear. I have concerns about getting care for my baby, as there can be a long wait for a translator. No staff at the surgery know any BSL, so I feel very cut off and alone."



What are we doing?

Our GPs and surgery staff have received training in supporting children and young people with special educational needs and disabilities. **We will** explore further awareness raising sessions, with a focus on support around Special Educational Needs.

We know that many people have problems making appointments; **we have**, in our new Primary Care Strategy, outlined ways to improve access to GP care, including providing appointments at evenings and weekends, and increasing access to other clinicians in the GP surgery, for example, nurse and paramedic practitioners. **We will** be working with GP surgeries to help them manage demand more effectively. **We have** set up a Primary Care Reference Group, which includes Parent Carer representation, to help ensure the changes we make are responsive and meet the needs of identified groups.

We will continue to fund and support the very active "Maternity Voices Partnership" which is chaired by local parents and made up of parent representatives and NHS staff, who work together to help improve maternity services in the city. **We will** pass concerns about maternity services on to them.

We are working together with the City Council to ensure that children and families are at the heart of all of our decision and planning processes. We are committed to a model of 'co-production' with families who use our services. **We will** continue to work in partnership with organisations representing families on commissioning of services and new developments. There is a joint commitment to support and strengthen families facing challenges and to meet the education, health and care needs of all children as locally as possible.

We provide British Sign Language interpreters free of charge to anyone accessing GP surgeries, and other health services in the city. **We will** ensure information about BSL interpreting is recirculated to GP surgeries, and **we will** work with the Deaf/deafened community to cascade information about this service.

Learning Disabilities

What did you tell us?

- You said that workers have a huge role in terms of implementing treatment, explaining medical conditions and accessing health care.
- You said that you would like a "support for" card which people can carry with them detailing their name, address, communication needs and health needs in case of emergency.
- You said that we should raise awareness about health passports.
- You said that most people would talk to their keyworker if they had mental health concerns.

"My son has Downs Syndrome, the staff who have supported us have a high level of knowledge and support which has made our experiences of services very positive" Jubilee Library Infopoint

What are we doing?

We are currently developing a business case to improve access and waiting times for neuro-developmental issues as well as support for parents/ carers through a key worker/ coordinator role, this will include learning disabilities. This will be progressed during 2018.

Mental Health

What did you tell us?

- You would like us to continue to tackle stigma around mental health by building on the #IAMWHOLE campaign.
- You would like more clarification around access to Children and Adolescent Mental Health Services (CAMHS) and the current thresholds.

What are we doing?

In Oct 2016 we launched #IAMWHOLE – a social media campaign aimed at young people to reduce stigma, encourage them to recognise they needed help and see that help.

In Oct 2017 we took the message from #IAMWHOLE to create a story aimed at 8/9 year olds and integrated this as part of the PHSE in schools.

The www.findgetgive.com website provides information on all CYP MH services, how to access them and also provides an opportunity to feed back about your experiences.

SPFT who provide Specialist CAMHS are currently developing information that can be shared with parents/ carers and CYP about how to access their services including links to their newly developed website.

Positive Experiences

What did you tell us?

- Some people fed back positive experiences of maternity services.
- You said that your experiences of the local children's hospital were very good.

What are we doing?

We will continue collect feedback and learn from positive experiences of healthcare.

Prevention

What did you tell us?

- You said that behaviour change needs to start with children; it can take a whole generation to see the impact.
- You said that we need to build in resilience at primary school age; one way of doing this would be to provide mindfulness courses.
- You said you would like us to provide more health screening at pre-school.

What are we doing?

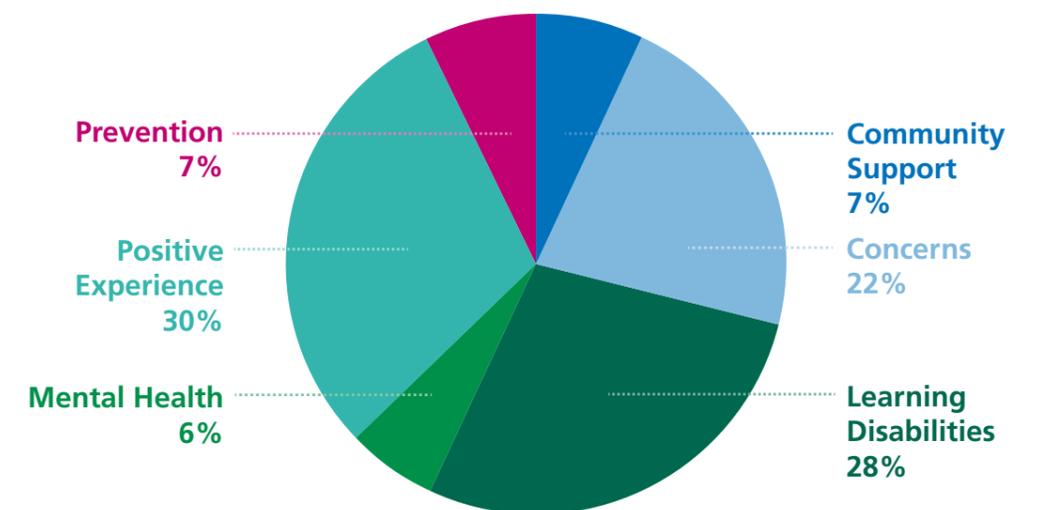
The CCG and City Council have worked together to develop a commissioning strategy for children and young people with the LA that includes an aim to give children the best start in life.

We have developed a story "Flo and the Funny Feelings" to be used with 8/9 year olds in primary schools as part of PHSE to support developing their emotional resilience and seeking help.

This is supported by the www.FindGetGive.com website which includes Family FindGetGive providing help and support for emotional wellbeing and mental health from primary age upwards.

We will use this feedback in our health teams, who work with schools to support young people from an early age.

Proportion of Themes



Big talking point 9: The Sustainability and Transformation Partnership (STP)

In response to an increasing volume of questions and comments about the emerging STP, we held a number of STP specific opportunities for questions and comments. These events generally took the format of some scene setting with background information on STP development, national drivers and key challenges, followed by questions and answers and discussion on pertinent areas.

We also worked with YMCA Downslink Group's Right Here project to gather the views of young people on "You and Your NHS" – focussing on STP wide issues. This took the form of a flash consultation and an evening event.

Event	Numbers of conversations
Big Conversation launch event	Approx. 60
Daytime event September 2017	Approx. 50
Evening event September 2017	Approx. 50
November 2017	Approx. 40
Young people's event December 2017	Approx. 40
Young people's flash consultation survey	170 responses

Key Talking Points

Many of the conversations comprised questions, which were answered by senior NHS and Care staff. The following is a summary of key points pulled from the conversations.

Finance

- We heard that local people have concerns over the national funding position of the NHS and the gap in funding for the STP area.
- There are questions on how the STP will be funded.
- There are concerns that any plans would be a cost cutting exercise.
- There are concerns that the STP is adding costs to a system under pressure.
- There are concerns that private contractors are being used too often – where their only aim is to make a profit.

- We heard suggestions that while investment in prevention will save the NHS more money in the future people who are in greater financial need, are less likely to listen to prevention messages.
- We need to learn the most effective way to purchase equipment and medication and we can learn this from other countries models.
- There are concerns about NHS workers if the system is unsustainable financially.
- We heard that people have concerns about losing doctors and nurses from the NHS, and this may be made worse by Brexit.
- We heard that people have concerns about how the current system doesn't support consistency of care. Locum doctors earn more than salaried staff – this incentivises locums rather than those who want to stay in place and provide consistency of care.

"I am worried that we do not currently have adequate resources to provide good quality care at home and things would get worse with further cuts."

Our Response

Like all parts of the health and care system, demand for our services is growing much faster than the resources **we have** available. If we simply carry on providing services in the way we have in the past and do nothing to change the way we work, then by 2020/21 the gap between the resources available and the money **we will** have spent across the STP will be close to £900m. The partnership gives us the opportunity to work together to make the best use of the available resources.

We believe that integrated and community-based health and social care, a focus on supporting people to stay well, more joined-up specialist services and a more effective use of our hospitals will enable us to offer people better health and better services within the available resources.

In addition, we are working together to ensure that every penny of the health and care budget is well spent. For example, reducing the reliance on expensive bank and agency staff, back-office costs, and the cost of ineffective treatments and wasted medicines.

Governance

- We heard through local engagement that there needs to be transparency in how the STP is developed and how decisions are made.
- We heard that there is a lack of clarity about accountability and who will be in charge.
- We heard that local people need to know how the STP relates to local decision making and spending.

Our response

The STP is a partnership and a way of working. It has no powers to make decisions on behalf of the individual partner organisations. These powers continue to sit with each partner organisations' board or on the case of CCG's, Governing Bodies. Partner organisations also remain responsible for involving their local communities, patients, the public, staff and clinicians in their local plans and decision-making.

Bob Alexander has been appointed as the STP Executive Chair, and robust governance measures are being put in place to ensure that the STP is working consistently and systematically.

"Underlying the STP is integrated health and social care which can be delivered, and delivered better."

What is the Sustainability and Transformation Partnership?

The Sustainability & Transformation Partnership is a way of working together across health and social care. The Sussex and East Surrey STP is made up of 24 organisations including CCGs, Providers (hospitals etc.) and local authorities.

The STP is not a single plan, it is a partnership, within which we have local plans built around places and populations. The STP provides a way of aligning the plans of all the partners.

Our local plans for Brighton and Hove are called Caring Together, and these plans sit within the STP.

"Our deficits can't just be balanced through efficiencies."

Processes

- You said that we do need consistency across the area, no postcode lottery.
- We heard that moving services from hospital to community won't save much money but much more efficient for patients.
- We heard the local people have concerns that the move towards "Accountable Care Systems" may not be the right way forward.

"Doesn't every hospital trust need to work from the same hymn sheet?"

Our Response

We are working across the CCG to review our policies on treatments and to develop jointly agreed policies that are based on clinical evidence and the best possible outcomes for patients. This will ensure that there will be consistency for patients from different areas within the STP.

We are working to develop systems that are responsive to the needs of our local populations, and that ensures that patients receive support from a range of services in a coordinated way. We also want to make sure that people only go to hospital when it is appropriate to do so, so we are developing ways to ensure the right support is available in the community, closer to home.

Local Plans

- There are questions about how the STP fits in with, and affects, our local plans.
- We heard that you need us to concentrate on what is right for our population.
- We heard questions about what will actually change in Brighton & Hove due to the STP.
- You said that loneliness is a big problem – older people can become lonely and need more than health and care services.

- We heard that there is a time delay between NHS and Social Care, which means delays in people being discharged from hospital care.

"Are budgets being merged which will mean money is drawn away from Brighton?"

Our Response

Each area within the STP retains its own local plans, which respond to the needs of the local population. The STP provides oversight and co-ordination, and brings the benefits of partnership working to work that can be delivered across this wider area, without losing the focus on local plans.

One key area of focus for Brighton and Hove is to ensure people are discharged promptly, with the appropriate care – including social care – and support in place. **We have** also developed a range of services that can help prevent people becoming isolated, such as befriending and community based activities.

Engagement on the STP

- We heard that people want to know when will there be clear plans to engage on.
- You said that we still need to engage on local plans and services, not just the bigger picture.
- You said that there needs to be transparency in engagement, not a censored process. The public need to know the full facts.
- You said that the NHS needs to give more time for community involvement.
- We heard that we must work with marginalised groups (BME, Travellers, younger people, older people, disabled people, carers, and people with learning disabilities) in order to understand the impact of changes.
- You said that we need to plan new ways to engage with people.

Our Response

We will continue to engage with local people on the plans for health and care services in Brighton and Hove. We recognise the value of community engagement, and **we will** continue to support and fund this within the city to ensure we hear from individuals and groups that may be marginalised and from whom we often do not hear.

We will engage on cross STP issues, including the development of any area wide plans, as appropriate. We are committed to openness and transparency and ensuring the views of residents are sought and acted upon.

We have established an Engagement and Equalities Reference group across the STP, whose remit will include ensuring that there is appropriate engagement with patients, carers and the public, and that equalities issues – including hearing from marginalised groups – are identified and addressed.

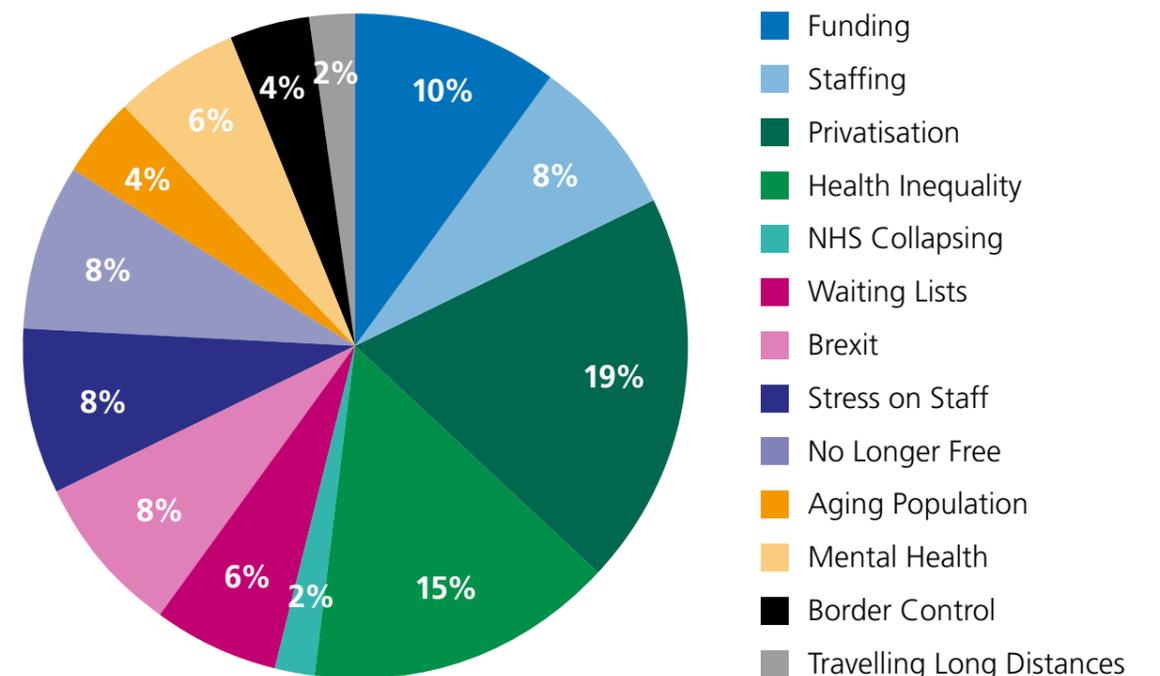
What young people said on "You and Your NHS"

Right Here worked with us to engage with local young people around our local plans to integrate health and social care. They also worked with us to address some of the anxieties that young people felt about the wider health economy and the Sustainability and Transformation Plan. **We have** integrated the key discussion themes in the section above. Below are the key issues identified in the flash consultation as concerns felt by young people in relation to the NHS. You can find the full report on the CCGs website.

The biggest issues identified by local young people were:

- GP's and primary care (getting an appointment, service capacity, friendliness).
- Mental Health (services structures, waiting lists, stigma).
- Privatisation, funding and stability (NHS funding, staff shortages, free healthcare, longevity of the NHS, private contracts).
- Health Inequalities.

Flash Consultation – key topics:



Media Coverage of the Big Health and Care Conversation

Print/web media

The Argus

A proactive press release was issued ahead of the engagement event around the STP held in September, which was published on the Argus website.

Brighton Independent

A proactive press release was issued ahead of the three engagement events in September, which was published on the Brighton Independent website.

The Guardian

Information and quotes from Clinical Chair Dr David Supple were provided for a feature on GP recruitment in the society section of the Guardian. Brighton and Hove was used as the case study to highlight innovative ways of recruiting and retaining GPs.

Broadcast media

BBC Inside Out

Dr David Supple took part in an eight-minute feature on the local Sustainability and Transformation Partnership (STP) for the regional version of BBC Inside Out. This involved visiting different parts of the health 'system' and speaking to frontline staff. The feature aimed to inform people on what the STP is trying to achieve and received significant exposure, with viewing figures of 450,000.

Social media

There has been extensive use of social media channels to promote events and an online survey intended to gather data.

Twitter	June	July	Aug	Sept	Oct	Nov	Dec
Total Followers	1,743	1,757	1,757	1,799	1818	1844	1861
Number of Tweets in Month	29	47	47	40	37	16	61
Tweet Impressions: (Number of times users saw tweet)	8.7k	25.1k	25.1	16 k	14.2k	13.6k	30.7k
Top Tweet (Impressions)	1036	1901	908	1586	1327	2333	4547
Facebook	June	July	Aug	Sept	Oct	Nov	Dec
Followers	583	585	585	602	609	612	645
Posts	18	37	37	28	20	8	53
Reach	3000	4256	4256	10.9k	15k	1415	26k
Top Posts	313	468	232	3150	3,455	252	4.8k

Our Engagement

Public Outreach

- Pop-up stall at Pavilions GP Surgery Waiting Room
- Stall at Whitehawk Community Event Stall
- Stall at Sussex University Fresher's Fair
- Stall at Older People's Festival in Hangleton
- Pop-up outreach at Asda at the Marina
- Pop-up outreach Co-op on Portland Road
- Stall at Cancer Health and Wellbeing Event
- Stall at Jubilee Library Infopoint
- Mail out to Residents Association

Targeted Outreach to Community Groups

- Knit and Natter at Jubilee Library
- Age UK Coffee Morning
- Brighton Housing Trust (BHT) First Base Day Centre for people who are sleeping rough or insecurely housed
- Speak Out Advocacy Group for adults with learning disabilities
- Hove Park Healthwalk
- Hangleton & Knoll Project's Multicultural Women's Group
- Baby Boogie at Jubilee Library
- Hove Town Hall Customer Services outreach
- Filipino Community Meeting

Community Led Consultations

- 10 Equalities Groups Consultations into Medicines and Pharmacies
- Community Researchers 'Big Conversation' Consultation

Focus Groups

- Mental Health focus group (Urgent Care)
- Right Here Young Peoples Focus Group
- GP Enhanced Access Focus Group

Hosted Events & Public Meetings

- Big Conversation Launch Event
- Patient Participation Group Workshop- Online NHS Services
- Keeping People Healthier Longer public discussion
- Sustainability & Transformation Partnership Events (3 events)
- Primary Care Discussion Event
- Patient Participation Group Network's Hosted Event on Dementia Services
- Commissioning Intentions Public Discussion
- Youth Sustainability & Transformation Partnership event
- Digital Health Living Lab

Surveys

- Big Conversation Talking Points Survey
- Extended Hours Survey

Meetings

- Craven Vale Community Centre AGM
- Big Conversation Sessions with the Governing Body (2 sessions)
- Community Researchers Meeting
- Community and Voluntary Sector Health and Social Care Network



