

## **The Wellbeing Programme Research: Overall February 16**

### **Introduction**

This report compiles together research which has taken place across the CCG and Public health to help begin to shape the community view for the Wellbeing programme. It covers three years of research although most of the research covers the last one to two years. Extensive community research has taken place across the CCG and council and this report aims to summarise what local people have said is important to them. It can act as a guide to the more detailed report which this summary covers.

Numbers of people all this research reflects: reflect approximately 2000 people spoken with across a period of three years.

Which pieces of work have been referenced:

- Integrated Care Research report 13/14
- CCG annual Community research 14/15
- CCG annual community research 15/16
- Public Health Community research 15/16
- Equalities research 14/15 and 15/16
- Primary Care Extended Hours insight
- NHS 111 and Out of Hours insight
- IBUG service user report 15/16
- Patient Held Record insight 15/16
- New River Green Insight report 2015
- HealthVoice Islington data 15/16
- Bringing the story to life: CCG community research 2014

We have worked with a wide range of groups including:

- Long term condition patients
- Carers
- Refugee and migrant communities
- Age UK
- HealthWatch
- Help on your Doorstep
- Body and Soul a local HIV charity (working with families and young people)
- Young people through Youth Forum and young people's health engagement group
- Last Years of life: Voice for Change
- Local communities across the 9 protected characteristics
- Learning disabilities service users
- Deaf service users
- Mental health service users

**Some key points for shaping services which we know are important to residents:**

- A seamless service
- Services that focus on self-empowerment and holistic health
- Good signposting and information
- Access to services for a diverse population
- Simple and effective administration processes which support the patient accessing services
- Compassionate healthcare professionals
- Access to the wide range of available community support
- Not to forget: Carers' experiences

**Our engagement with local residents over the years has clearly shown us what's important to them and what they want from local services. The things we hear regularly include:**

1. **People want services that are easy to access** - the routes into health and social care are often confusing for people and there is a lack of clarity about what services are available amongst both communities and healthcare professionals.
2. **People want services that are joined up**, and work together as one team, with the patient being the key team member.
3. **There is a need to develop flexible services – where services can adapt to different people's needs:**
  - We need to improve services so they better meet the needs of people who face barriers when accessing services, particularly around languages, transport and homelessness.
  - We need to implement accessibility standards across services
4. **We need improvement in interpreting services** for BSL and people who do not speak English as a first language across all services.
5. **People don't want to have to tell their story more than once**, and want different care providers to understand what is happening in the person's care
  - Professionals being prepared
  - Services being able to communicate effectively between each other.
6. **Improvement in administration processes:** people often face barriers or feel frustrated when trying to access services or appointments. Some key things highlighted are: being communicated to with the correct format (i.e. visually impaired letter in brail or a phone call, learning disability easy read etc), appointment changes or late cancellations should be avoided and if they cannot - immediately communicated in appropriate format (again this particularly affects people with a learning or physical disability). People have asked for a quiet area for Learning Disability patients in services that have a high turnover of patients – this has been especially highlighted at A&E and Walk In Centres.
7. **The attitude, customer care and communication skills of healthcare professionals and other staff is really important** to people and has a large impact on their experience of services. People want to be treated with decency, respect and kindness. Feedback tells us that many services are not meeting patient's customer care expectations.
8. **The local community has highlighted particular barriers can be faced when trying to use services which can be exacerbated if they have a barrier to communicating.** As a standard all services should be able to communicate basically with someone in a manner which is comfortable to the person. Some specific examples include:

- Look someone in the eye as you talk to them
- Smile and be polite
- Be patient if the person is struggling to communicate
- Offer interpreting if this is needed

9. **People are in the main supportive of expanding the use of simple technologies in services** i.e email / telephone consultation and skype.
10. **Information: It was highlighted there needs to be more accessible information** on how to use services, where to go, who to contact, how to self-manage and what community support is available. Along with ensuring this information is available to as many people in the community as possible (in varying formats). There are numerous ways this could be achieved – one of the most successful ways is working with local voluntary and community organisations to share information through these avenues – leaflets and posters usually have limited impact – however the community and online are avenues which are highly utilised.
11. **The majority of people are supportive of hospital services being moved into the community and nearer to their homes.**
12. **There is a willingness among the local population to engage in activities with a focus on preventing health problems**, supporting their own health and wellbeing and managing their own conditions. However, we know that **barriers exist** which prevent some from taking these steps. Time, not knowing what there is and financial barriers are stated as the biggest problems
13. **People want services that promote wellbeing and reduce loneliness**, want their physical health and mental health needs to be considered together with any other wellbeing needs they may have.
14. **People want more use of the voluntary sector** and recognise the important role it plays in supporting people's health, in both a formal and informal capacity
15. **Working with community organisations and grass root groups to improve health and access to statutory services:** grass-roots organisations working within specific local communities have built trust with residents, which could provide opportunities to improve the health and wellbeing of disadvantaged local communities by increasing the reach of prevention and early intervention. CCG and providers could also commission small community organisations small amounts to work with their local communities supporting them into statutory services.