

## Themes from reports and engagement activity

### Personalisation

- Recognise individual needs and shift to a person (treating the whole person) and community centred ways of working.
- Give consideration to other factors that may impact on health, for example, trauma, domestic violence, or environmental factors such as housing.
- Involve users in any and every decision on care.
- Identify vulnerable people and give priority.

### Mental health

- Focus on mental health concerns and early identification of needs. Greater emphasis on prevention and early intervention for mental health, to prevent escalation and need for crisis support.
- Increase use of link or support workers / peer supporters and social prescribing in the community to support mental health and wellbeing.
- Promote mental wellbeing.
- Responsive and accessible mental health services. Reduce unacceptable long waits for assessment and treatment.
- Early planning needed for transition from children and young people's services to adult mental health services, tailored to the needs of the individual and when the time is right for them.
- Access or signposting to support and advice for service users and their families/carers while waiting for assessment or clinical treatment / counselling.
- Greater provision of and broader support for individuals who do not want to engage in psychiatric or medicalised models of care - more talking therapies, support groups.
- Need to ensure those with learning disabilities/autism who have mental health needs receive care that is most appropriate for them close to home.
- Think about wider support to mental health so access to green space and other social determinants e.g. housing, employment, etc.
- Think more about the relationship between poor mental health outcomes and deprivation / social disadvantage.

### Digital

- Need clear guidance on how to use technology and online services and communicate the benefits to service users, for example, convenience, time saving.

- Don't allow digital exclusion. Not everyone can afford digital costs, has sufficient skills to use technology, or is confident (or motivated) in using technology.
- Ensure there is an alternative offer for those unable to access digital or online services. Digital services may not be appropriate for some, for example, those with non-verbal/cognitive impairment / face-to-face consultation preferred as it is easier to show, rather than describe symptoms for those with learning disabilities.
- Digital services are a particular barrier to those whose first language is not English, as English tends to be the medium used for technology.
- Offer choice where possible and accept that for some service users face-to-face contacts are preferred over remote or online consultations.
- Greater integration of IT systems to support shared care record between NHS providers and enable information sharing in real time, thereby reducing need for service users to repeat their medical history.

## Access

- Services available close to home.
- Quick access to services.
- Greater use of self-referral to services, rather than via busy primary care.
- Information on what services are available and how these can be accessed.
- Despite high levels of need, awareness of services remains low amongst some residents (hidden demand).

## Communication and ways of working

- Tell story once; share information with consent.
- GPs and community health services should be aware of what is available locally so act as signposts to other services and support.
- Importance of good communication between service and service user, in terms of when appointments / treatment likely to be scheduled. Need for a clear point of contact (service telephone number / generic team email address) or named contact if appropriate.
- Dementia friendly.
- Accessible to all community e.g. use of British Sign Language as well as access to language interpreting services, those with sensory impairments
- Ensure improved cultural competency to respond more effectively to the needs of our diverse population.
- Gather feedback on patient experience.
- Partnership working is crucial to improving local services.
- Improve communication between partner organisations and within the same organisation to ensure a better service user experience.

- Look at levers to engage with communities and how to deliver services in different ways
- Give consideration to how voluntary and community sector/grass roots organisations and faith groups can play a part in working with the health and care system to support early intervention and prevention, particular with those communities where health needs are greatest.

## Support and focus

- Impact of Covid-19 and Post-Covid-19 Syndrome (or Long Covid)\*
- Families with children especially complex care needs
- Carers
- Those with mental health needs
- Those with learning disabilities and / or autism
- Those in most deprived communities\* (and more likely experiencing impact of Covid-19)
- Focus on reducing inequalities relating to ethnicity and disability

