

# Learnings from Liverpool NHS Confed Expo June 2022

Two of the Healthwatch Swindon and Bath and North East Somerset team (Amritpal Kaur and Ann-Marie Scott) attended the NHS ConfedExpo in Liverpool on 15 & 16<sup>th</sup> June 2022.

It is one of the biggest and most significant healthcare conferences in the UK, creating a single point of focus for health and care leaders and their teams and was attended by more 6,200 people over two days.

There was an extensive conference programme complemented by an exhibition showcasing the NHS Sector and charities. As Healthwatch our primary focus was attending workshops and seminars about the patient voice and health inequalities, and over the two days our team attended workshops covering a range of relevant topics. We have created outlines of findings from four sessions that are particularly relevant to Swindon and Bath and North East Somerset.

## **Session One: Improving community mental health provision for autistic people**

This workshop was led by medical experts and those with lived experience. It provided a lot of information about how people with autism are treated in regards to mental health. It also raises that 1.1% of people in the UK are diagnosed as autistic but they make up 5%+ of mental health patients and 1 in 10 are present at inpatient units. The rate of suicide for autistic people is 7 to 10 times higher than the average.

The challenges are:

- Long waits for autism assessment
- Demand on staff pressures
- Funding crisis in social care
- Lack of third sector support services in many areas
- The workshop outlined how the setting up of Autism Hubs have helped, although this is not something that has been seen in Swindon or Bath and North East Somerset (B&NES) as yet.

The future plans are to:

- Increase system capacity for autism diagnosis
- Autism hubs in every area
- Autism leads in every mental health provider organisation
- Level 3 training for all mental health clinical staff
- Research effective treatments for co-occurring mental health problems

Useful links

[Out of sight - who cares?: Restraint, segregation and seclusion review - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/out-of-sight-who-cares?restraint-segregation-and-seclusion-review)

[Good practice guide \(autism.org.uk\)](https://www.autism.org.uk/good-practice-guide)

[Mask Off CIC](#)

## **Session two: The voluntary and community sector: the secret weapon for joining up care for people**

Integrated Care Systems (ICS) across the country are demonstrating the benefits of working with the Voluntary, community and social enterprise sector (VSCE) and this session looked at how the diversity of the voluntary sector is coming together in ICS's

A case study was given from Suffolk and North East Essex ICS [Suffolk & North East Essex Integrated Care System - Suffolk & North East Essex Integrated Care System \(sneeics.org.uk\)](https://www.sneeics.org.uk/suffolk-north-east-essex-integrated-care-system) and how they have set up their partnership board [ICS Partnership Board - Suffolk & North East Essex Integrated Care System \(sneeics.org.uk\)](https://www.sneeics.org.uk/ics-partnership-board)

They made the point that the rule book should be torn up and a fresh start made in working in partnership with the VSCEs

A case study of working with the NHS and VSCEs was also given by [We are Rethink Mental Illness](#) who support over 140 local groups and every year support tens of thousands of people. They are building a programme to support the NHS long term plan and the Community Mental Health Framework using the approach of alliance building, co-production and community engagement.

## **Session three: Inclusive Recovery: tackling health inequalities when bringing down the elective backlog**

The elective backlog is at the highest it has ever been with 6 million people (1 in 8 or 12% of the population) waiting to receive care and treatment, this session explored the impact this is having on communities experiencing existing health inequalities. Research by The Kings Fund has shown the more deprived an area the longer the waiting lists are, and further research is being undertaken to ask why. These inequalities tend to emerge late in the care pathway after the patients are referred to secondary care. There is comparatively poor access to planned hospital care amongst people living in the most deprived areas and this explains, in part, the elevated use of emergency hospital care.

There are consequences of the waiting list

Quality of life - the worse the general health issues the more problems in quality of life

Health gain from the procedure - the longer you wait the less benefit you will gain especially with knee and hip replacement surgery.

Economic impacts - three studies found similar proportions of people resigning from work where this was impacted by waiting for treatment; 33% due to arthritis and 30% people waiting for Knee and hip replacement

Mental health impacts - most patients and caregivers report anxiety, depression and poor quality of life which deteriorated with increasing waiting time.

**Case Study: Humber and North Yorkshire ICS** have put in place a Waiting Well Programme Board. [The Waiting Well programme, which aims to support lower risk patients on surgical waiting lists, invites health and care staff to share their views Copy - Humber and North Yorkshire Health and Care Partnership](#)

They have worked with VCSEs to “enhance the role of the VSCE Sector in the delivery of the transformation of health and wellbeing and cementing their role as a key strategic partner”. This started with looking at how VCSEs are helping with waiting lists and, whilst they could not help with knee and hip surgery it led to a cardiology pilot offering support to those on waiting lists. They are also using social prescribing.

### **Case Study: Calderdale and Huddersfield ICA approach to health inequalities**

They reviewed waiting lists and identified a need to prioritise patients waiting for surgery who have a learning disability regardless of their clinical need in order to offer an equitable service.

They are also used a ‘place based’ (local neighbourhood) approach to reduce inequalities in Asthma.

It was identified there were higher number of BAME acute admissions and higher paediatric BAME readmissions.

They worked collaboratively with the Primary Care Network (PCN) and a working group of partners (including public health/ local authority, community providers) on a range of initiatives:

- Blending data to allow better identification of high-risk patients
- Improving identification of smoking and household conditions in secondary care records
- Developing engagement and education sessions in the community
- Asthma Friendly schools
- Referrals for support with housing and energy interventions.

Core20Plus5 was also discussed as a concept [NHS England » Core20PLUS5 - An approach to reducing health inequalities](#)

## Session Four: How cultural literacy can reduce winter pressure

This session presented the approach and impact of Barnardo's RSV Campaign which ran from October 2021 to March 2022. The campaign was developed in collaboration with the Royal College of Paediatric and Children's Health and grassroots organisations in order to co-design content with their target communities. The team developed a set of culturally relevant resources for Black, Asian and minoritized communities to support managing young children with respiratory infections at home and understanding how and when to appropriately navigate the health service.

These included

- [Boloh - the Black and Asian family Helpline | BAME Helpline \(barnardos.org.uk\)](#)
- Community Awareness Sessions, hosted by grassroots organisations
- Advice videos and animations
- Translated guidelines and further content distributed to NHS networks
- Marketing campaigns targeting local communities
- Social media campaign
- Webinars: audiences included Health Visitors, children's services, grassroots organisations and NHS communicators

This ran across 23 NHS Trusts, 42 ICS Partner Networks and reached over 18,000 people. 50 % of callers to the helpline received wider support beyond health advice.

It is also clear that poverty is associated with a wide range of poor health outcomes. Over half of Britain's ethnic minorities are living in poverty which often translates to

- Low birth weight
- Poor general physical health
- Increased chronic conditions and obesity
- Mental health struggles
- General poor life outcomes such as academic underachievement and subsequent employment difficulties that impact on health in later life.
- The current economic climate has led to 'heat or eat?'

It also highlighted a need to be more focused on culturally relevant communications

Referring to communications with awareness and knowledge of disparities and understanding of sociocultural factors have important effects on health beliefs and behaviours, as does having the skills to manage these factors appropriately.

Clarity of information is needed on websites and posters providing sufficient guidance for people to know what to do - make it clear without words if possible

BAME communities have fed back both lack of access to the NHS services and experiences of not having their concerns heard - "Dismissed because wear a hijab" was one comment

Many communities rely on self-management support as the first port of call, so having a helpline or other route they can trust, and to be open about checking the accuracy and validity of some of the remedies they have information about is useful.

The generic information produced by the NHS is not always culturally relevant "one of the NHS videos I watched talked about turning blue, what would that look like on black skin?"

This resource can help [Welcome to Skin Deep - Skin Deep \(dftbskindeep.com\)](https://dftbskindeep.com)

## Key Note Speech: Amanda Pritchard Chief Executive of the NHS set out key priorities at the NHS Confed Expo

**“Recovery**, using the lessons from and the can-do spirit seen during the pandemic to continue your incredible efforts to ensure that people who need care, tests, and treatment can get it as quickly as possible;

**Reforming** for the future, making the most of the opportunities presented by system working, and technology and data, to provide more effective, more convenient and more preventative services;

**Building resilience** to the shocks of the future, including working to ensure we have the right numbers of staff, the right physical and community capacity, and the right approach to urgent and emergency care in particular, and;

**Respect** for those whose sacrifices have supported the NHS through the last 900 days - continuing to look after our existing staff, providing the best possible value for taxpayers, and ensuring that all patients are treated as equal partners in their care, and their needs and opinions are central to how we plan, deliver and improve services

## Key Learnings

**As a team we are taking these learnings and adapting them to use in our localities.**

A number of key themes emerged from these workshops

- There is no such thing as a hard to reach community just one we have not engaged with yet.
- We need to look at local provision for mental health services particularly in regards to people with learning difficulties and children.
- There are some great examples of best practice nationally for VCSE engagement with the new Integrated Care System, we need to take the learnings and see if they can be applied locally.
- We need to ensure our communications are culturally appropriate and easy to understand.
- Communities and the NHS need to be closely linked with the new ICS system; placed based working is about thinking beyond organisational boundaries. We need to look at what we as Healthwatch can do to support this.
- Charities are finding that they are not just supporting health issues but the underlying systemic issues such as not being able to afford to buy food.



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