Community Voices

Using your feedback to improve care

Improving lives together

Norfolk and Waveney Integrated Care System

Norfolk & Waveney Community Voices

December 2024

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Norfolk and Waveney Integrated Care Board

Aims of this session

Understand what Community Voices is and why it is needed

Learn about the guiding principles and processes used

Prepare for your role as trusted communicators

- Think together how to have successful Community Voices conversations
- Show you what information to capture and how it is used
- Know what support is available for you

Questions and comments

Improving lives **together**

Norfolk and Waveney Integrated Care System

What is Community Voices

Where did Community Voices start?

Community Voices

Using your feedback to improve care

2021 NHS England Funding for additional vaccine inequalities

A network of 'Trusted Communicators' created– Champions and Connectors

Focus on areas of low vaccine uptake - areas of highest deprivation

Initial pilot ran April 2022 until Oct 2022 and was evaluated by UEA

https://improvinglivesnw.org.uk/get-involved/community-voices/

access supporting migrants in East Anglia

BROADLAND HOUSING

Freebridge COMMUNITY HOUSING

New Routes Integration

Hanseatic Union Est 2013

HEAR FOR NORFOLK

HY HOLT YOUTH PROJECT

NORWICH City Council

GREAT YARMOUTH BOROUGH COUNCIL

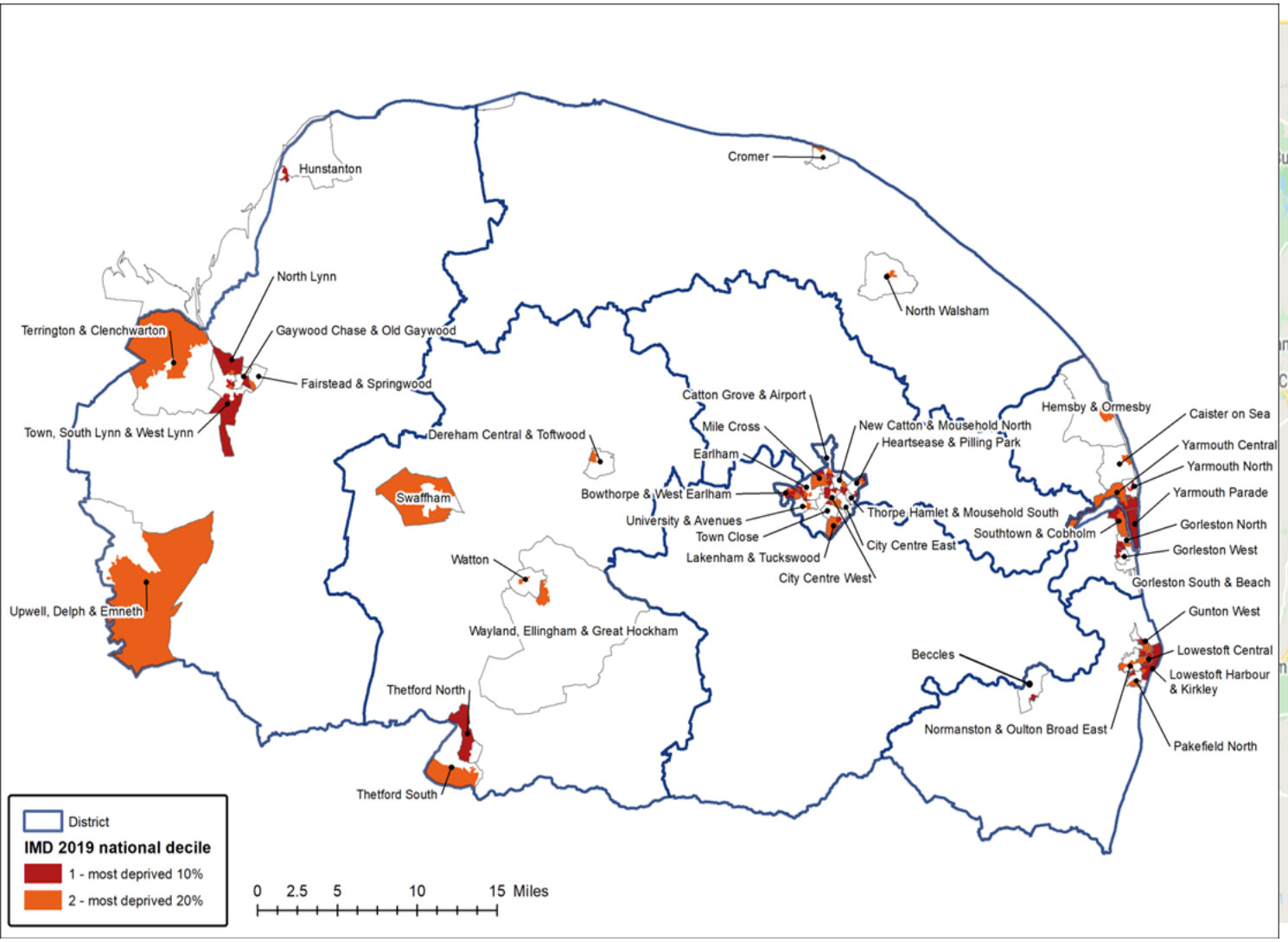
Definition: Health Inequalities

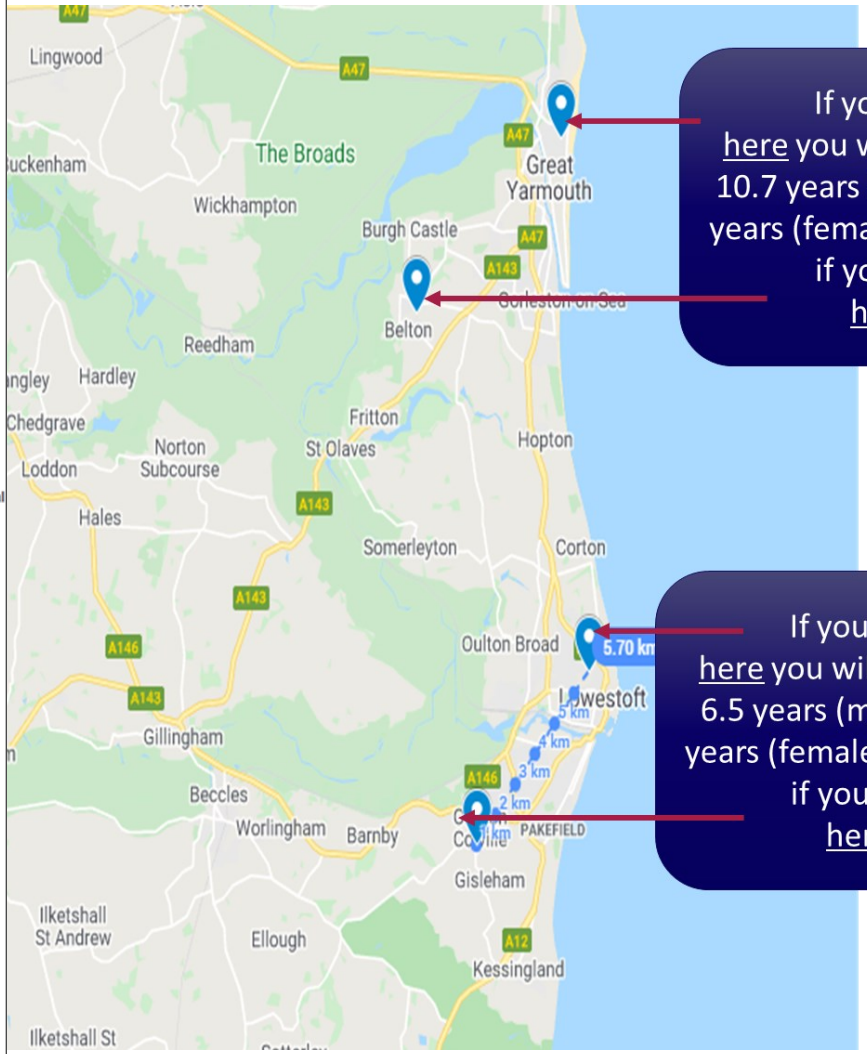
Things aren’t equal. There are inequalities in all areas of life for many people.

Health inequalities are avoidable and unfair differences in health status between groups of people or communities.

https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/health-inequalities-nutshell

Why does this matter so much





If you live here you will likely live 10.7 years (male) or 4.5 years (female) **LESS** than if you live here

If you live here you will likely live 6.5 years (male) or 4.6 years (female) **LESS** than if you live here

Our vision

Norfolk and Waveney Community Voices aims to ensure that people who experience disadvantage because of where they live or who they are can be empowered to understand and act on their health, have a place to share their views, and can help shape how health services are designed and delivered.

What we do

Hold conversations with communities that have significant health inequalities about their experiences and what matters to them.

Listen

Why we do it

To ensure that seldom heard voices are heard by health services.

What we do

Provide high quality advice, guidance and information that promotes health and wellbeing.

Respond

Why we do it

To share insight and learning across the Integrated Care System, and give communities a role in shaping service design and delivery.

What we do

Help community based organisations develop strong networks, relationships and trust, which helps people to help themselves and prevent ill health.

Enable

Why we do it

To empower trusted communicators and communities to use existing assets and identify local action that will increase health and wellbeing.

What we do

Record insights from the conversations that help build a picture about health and wellbeing within a place or community.

Capture

Why we do it

To better understand community and individual health priorities, concerns and assets.

How we do it

- By facilitating the right training and providing an infrastructure which works well – with networks, access to good quality resources and time to reflect on good practice.
- By building good quality insight data that can be shared appropriately across partner agencies
- By evaluating the effectiveness of what we do, why we do it and how we do it.
- In partnership with good governance and support from all the sectors involved.
- By recognising that good health is influenced by a range of factors.

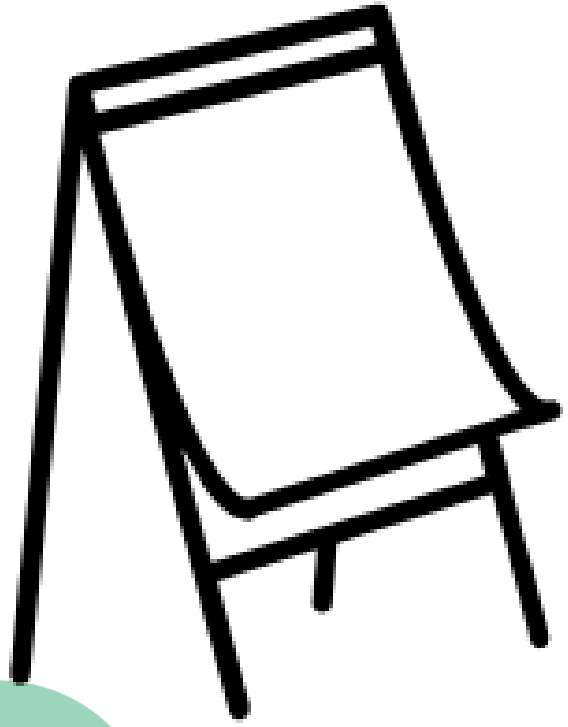
Listen- reach groups that find it difficult to access health and wellbeing services/support- to listen to health views, concerns and needs

Respond- understand why people may not be accessing health services/support - take action

Enable- help people feel confident to take control- make changes- protect their health and wellbeing

Capture- build an evidence base of community needs and concerns

Listen



Natural conversation starters that you use in your role- what are these?

Using open ended questions- letting the person you are speaking to direct the conversation not you- how would you do this?

Active listening - asking questions to clarify what you are hearing and to confirm you have correctly understood ‘sounds like you are saying… have I got that right’

Keep it positive – how do you get people to think positively about a change?

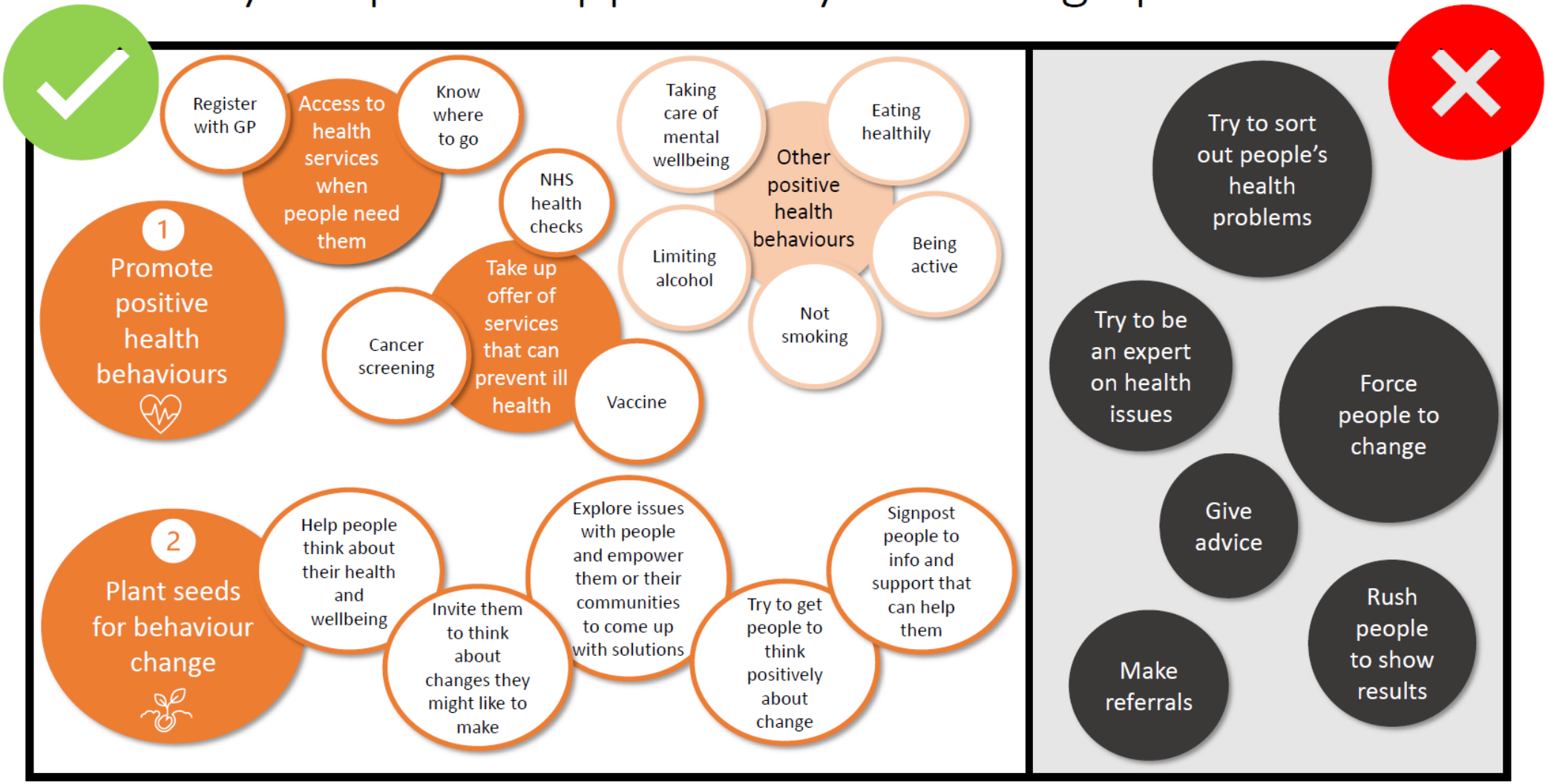
Not every person will be ready or able to make change for themselves

Reporting back on people’s issues and experiences is also key to highlight systemic issues to our partners!

Respond

Enable

If you spot an opportunity for change please…



Capture

Remember to not collect any personal identifiable data- names, very specific health conditions

Ask for consent before recording demographics

Capture people's views, experiences and concerns about their health and wellbeing

Summarise- highlights and relevant points, use "quotation marks" for direct quotes

Make sure to capture any actions taken- signposting, interventions made

Community Voices has a Data Protection Impact Assessment in place- privacy notice and further details here- https://improvinglivesnw.org.uk/community-voices-resources/data-protection/

Insight Bank

https://www.smartsurvey.co.uk/s/InsightBank/

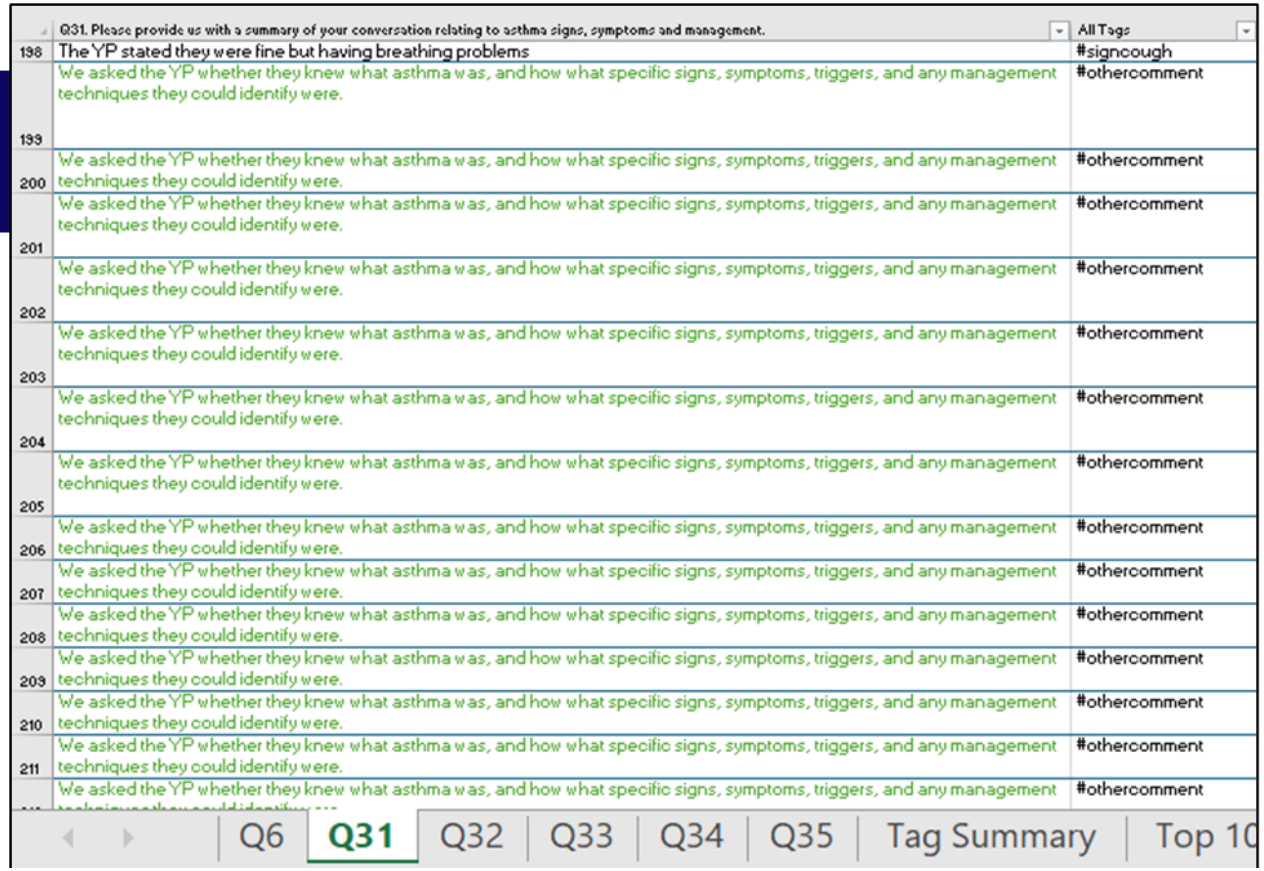
How your responses are analysed- Example

Insight bank content: The gentleman has several health issues and finds it difficult to access his GP practice, he is digitally excluded and has language barrier. I asked about trusted sources of information “I trust my GP but only when I can see him face to face and not through a laptop”. He has been working in the poultry industry and reported concerns regarding the dusty conditions in the factory affecting his asthma.

Text	Extracted sentiment	Extracted quotation
The gentleman has several health issues and finds it difficult to access his GP practice	Accessibility of GP surgery (negative)	
he is digitally excluded	Digital inclusion (negative)	
and has language barrier	Language barriers in health services (negative)	
I asked about trusted sources of information “I trust my GP but only when I can see him face to face and not through a laptop”.	Transition away from face-to-face appointments (negative)	“I trust my GP but only when I can see him face to face and not through a laptop”
He has been working in the poultry industry and reported concerns regarding the dusty conditions in the factory affecting his asthma.	Working conditions affecting health (negative)	

How best to capture conversations

Example 1: Multiple identical records which describe the topics discussed (the process of having a conversation) but not what people said about their understanding of asthma (the outcome of the conversation).



	Q31. Please provide us with a summary of your conversation relating to asthma signs, symptoms and management.	All Tags
198	The YP stated they were fine but having breathing problems	#signcough
199	We asked the YP whether they knew what asthma was, and how what specific signs, symptoms, triggers, and any management techniques they could identify were.	#othercomment
200	We asked the YP whether they knew what asthma was, and how what specific signs, symptoms, triggers, and any management techniques they could identify were.	#othercomment
201	We asked the YP whether they knew what asthma was, and how what specific signs, symptoms, triggers, and any management techniques they could identify were.	#othercomment
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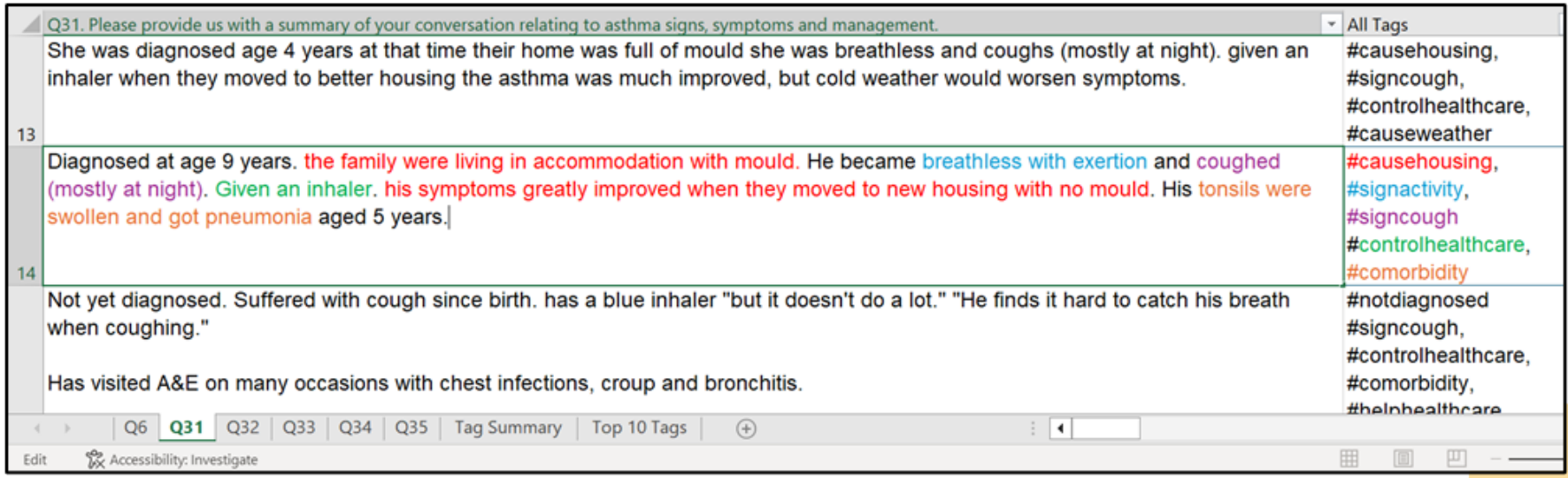
211	We asked the YP whether they knew what asthma was, and how what specific signs, symptoms, triggers, and any management techniques they could identify were.	#othercomment
	We asked the YP whether they knew what asthma was, and how what specific signs, symptoms, triggers, and any management	#othercomment

Q6 | Q31 | Q32 | Q33 | Q34 | Q35 | Tag Summary | Top 10

Example 2: Detailed conversation recording the outcome of the discussion. Each part of the conversation which relates to a pre-defined ‘tag’ (or code) is shown in a colour. For example, all comments shown in red relate to #causehousing (also in red) which is used when someone talks about how housing affects asthma.



	Q31. Please provide us with a summary of your conversation relating to asthma signs, symptoms and management.	All Tags
13	She was diagnosed age 4 years at that time their home was full of mould she was breathless and coughs (mostly at night). given an inhaler when they moved to better housing the asthma was much improved, but cold weather would worsen symptoms.	#causehousing, #signcough, #controlhealthcare, #causeweather
14	Diagnosed at age 9 years. the family were living in accommodation with mould. He became breathless with exertion and coughed (mostly at night). Given an inhaler. his symptoms greatly improved when they moved to new housing with no mould. His tonsils were swollen and got pneumonia aged 5 years.	#causehousing, #signactivity, #signcough #controlhealthcare, #comorbidity
	Not yet diagnosed. Suffered with cough since birth. has a blue inhaler "but it doesn't do a lot." "He finds it hard to catch his breath when coughing." Has visited A&E on many occasions with chest infections, croup and bronchitis.	#notdiagnosed #signcough, #controlhealthcare, #comorbidity, #helphealthcare

Q6 | Q31 | Q32 | Q33 | Q34 | Q35 | Tag Summary | Top 10 Tags

Edit | Accessibility: Investigate

What the data looks like

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Conversation Date
09/01/2022 19/07/2024

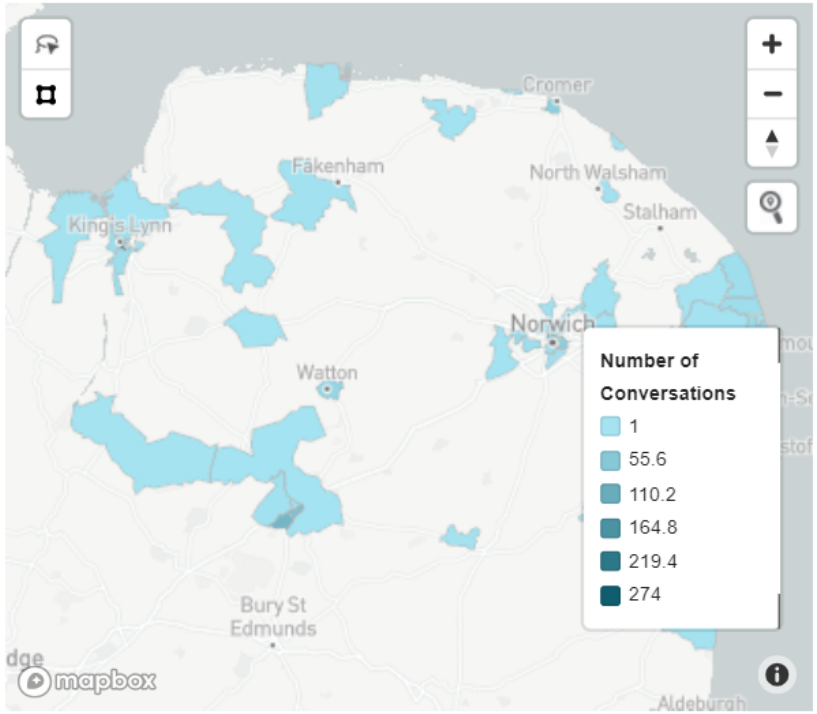
Demographic Filters
Ethnicity: All
Gender: All
Living with a Disability?: All
Age range: All

Location Filters
District: All
Ward: All
Reporting Organisation: All

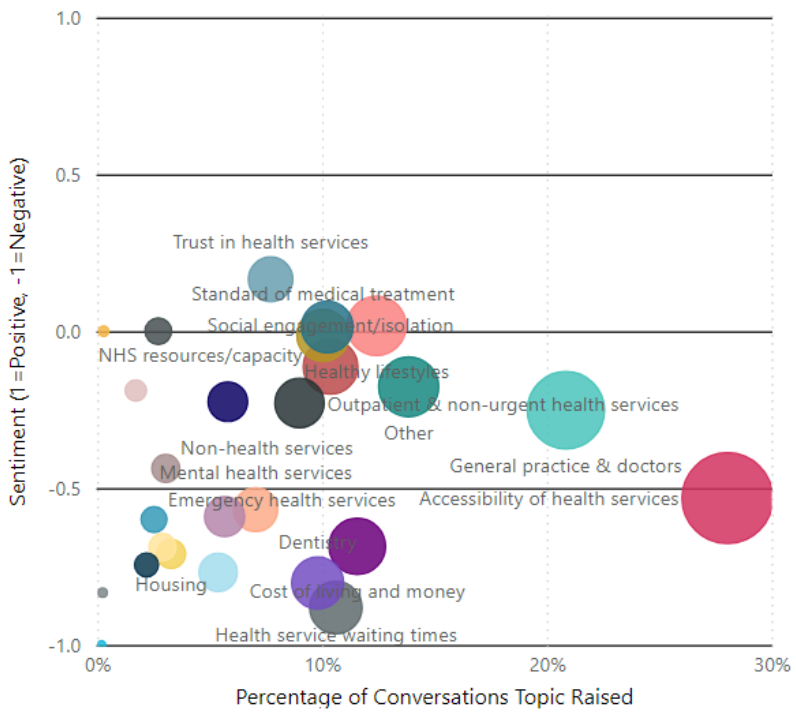
Overview

2639 Community Voices conversations were recorded.
Male respondents spoke the **most positively** about the health-related content they raised.
People aged **67 - 74yrs** spoke the **most positively** about health-related content, while people aged **27 - 34yrs** spoke the **most negatively**.
People from a **C3 - Bangladeshi** background spoke **most positively** about health-related topics, and people from a **C4 - Chinese** background spoke the **most negatively**.
Accessibility of health services was the most common topic raised. **Trust in health services** was spoken about **most positively**, and **Care in the home** was spoken about the **most negatively**.

Conversations by Area



Content and Sentiment



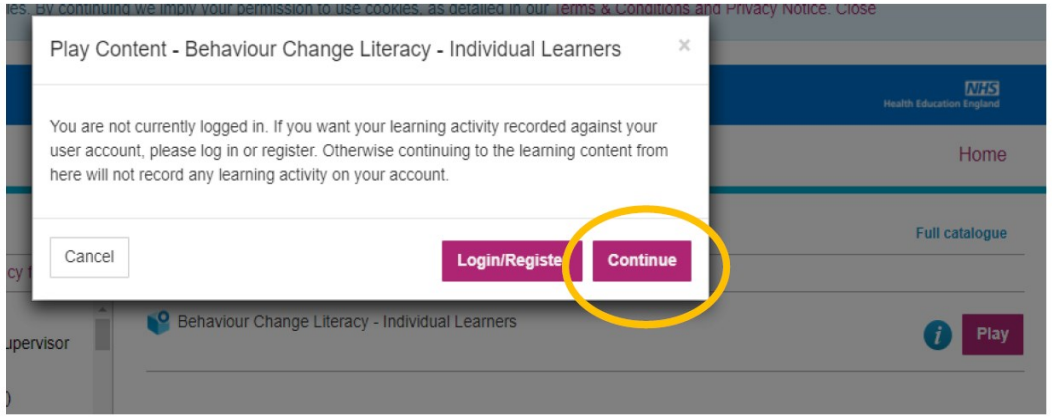
Making Every Contact Count (MECC)

e-learning *(about 1 hour)*

Build your behaviour change confidence- Understand public health and the factors that impact on a person's health and wellbeing, how asking questions and listening effectively to people is vital, develop confidence to deliver health and wellbeing messages, encourage people to change their behaviour and direct them to local services that can support them.

Accessing the modules without needing to register or login

- After you hit **Play** to start the module
- Click on continue NOT Login/register



https://www.e-lfh.org.uk/programmes/making-every-contact-count/

Behaviour Change

Behaviour Change training offers a new approach for frontline staff giving them the communication skills essential for effective conversations about health and wellbeing.

The training provides learners with the knowledge, confidence, and skills to recognise and manage opportunities to talk about health and wellbeing with individuals, build rapport with them and help them to set a person-centred goal towards health behaviour change.

In this course participants will explore a range of evidenced-based behaviour change approaches and how to apply them to their practice. This will include engaging with them for the purpose of brief interventions, exploring with them their strengths and helping them find their own solutions for change.

By the end of the training participants will:

- Have examined their own knowledge, beliefs and understanding of behaviour change and aspects of their current practice that work well.
- Know the value of working collaboratively with their clients and how to do it well.
- Know how to enable people to recognise and exercise their own autonomy, help them to think about their own reasons for change and help them set a goal.
- Know how to manage difficult conversations and support patients through ambivalence and discord
- Have gained skills and tools to support behaviour change and its maintenance.

Who is the course for?

- Those with a front facing role who work directly with Norfolk residents who have an opportunity to have a more enhanced conversation with the resident. For those who have completed the eLearning Making Every Contact Count (MECC) and Behaviour Change Literacy (BCL) courses or have equivalent training or experience.

For more information about Behaviour Change training visit **www.norfolk.gov.uk/behaviourchangetraining**

Healthy Dialogues

Training is delivered by Healthy Dialogues Ltd, specialists in Behaviour Change for health and wellbeing. Healthy Dialogues have a proven track record in empowering workforces to achieve positive and lasting changes in their communities. **Find out more at www.healthydialogues.co.uk**

To book a course for your workforce please contact **Readytochange@healthydialogues.co.uk**

What our trainees said: *"Excellent – MECC training was really thought provoking and challenging."*

Details via Amrita Kulkarni: **12th Dec 930-1330**

Community Voices Network

Share ideas

Hear about the insights generated

Changes and influences made because of the insights

New funding opportunities

Feedback ways to improve Community Voices

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Questions?

https://improvinglivesnw.org.uk/community-voices-resources/