

The Healthwatch

Recognition Awards

The Winners

2024



RECOGNITION FOR EXCELLENCE IN INVOLVING PEOPLE IN: COMMISSIONING AND DELIVERY OF SERVICES



Parent Carer involvement for KCC short breaks commissioning; Co-production in commissioning

Who has been involved in the nomination?

Kent PACT, (Parents And Carers Together) CIO, Kent CC Short breaks Commissioning;

Could you describe the nomination and why it deserves a recognition award

This nomination represents recognition for Kent PACT and KCC Short breaks Commissioning, for the fortitude and receptiveness of both organisations, to undertake a collaborative, synergetic approach, to achieving the best outcomes for children and young people with disabilities and additional needs in the short break offer. They showed commitment to work together to ensure quality, opportunity and access to a much needed service for disabled children, young people and their families, enabling them to be supported to build relationships, have fun and make memories. This is the first time families have been fully involved in the commissioning process and sets an ambition for continued collaboration to benefit our most vulnerable children and young people.

How did it involve the public/patients?

Families have told us that they want the opportunity to ensure the services they receive meet the needs of their children and young people. Kent PACT approached families and asked for their support and engagement in commissioning short breaks for disabled children, young people and their families. After meeting parents it was agreed that this would need a huge time commitment over a short period of time but with very important outcomes for many disabled children, some of whom have life limiting conditions. Over 100hrs was logged by parents over a 3 week period, showing commitment to making services work for everyone. Parents used their lived experience to evaluate a wide range of projects that directly impact the lives of families and children and young people with disabilities and additional needs across Kent districts, the projects will run for two years and will be evaluated by the service users to inform future services

Tell us how your engagement addressed known health inequalities

An improvement notice for SEND Children services was issued to Kent County Council by the Department for Education in September 2022 following a joint inspection by Ofsted and Care Quality Commission (CQC). The improvement notice which was finalised in March 2023 stated that the local area had failed to make sufficient progress against 9 areas of weakness in its SEND service provision. Two areas of improvement were stated as;
Area 1. 'A widely held concern of parents that the local area is not able, or in some cases not willing, to meet their children's needs'
Area 3 'Parents and carers have a limited role in reviewing and designing services for children and young people with SEND'.

As the Dfe recognised parent carer forum in Kent, Kent PACT have worked tirelessly to be the conduit for voice and engagement to build strategic relationships between families and the local area to improve the services that children and young people receive in health, care and education. Kent has the is considered to be an outlier nationally with highest number of children and young people receiving an EHCP (Education, Health & Care Plan) In May 2023, there were 19,124. Kent currently has £313million high needs budget and 27,882 cy/p receiving support. The receptiveness and cooperation between partners in this project, has proven that outcomes for Children, Young People and Families can be met through vision, collaboration and the belief that working together produces the best results. Commissioning has resulted in identifying what families need to be supported to build resilience and that focus on family time and caring for our most disabled children is a priority.

What did the nomination achieve?

The project establishes a precedent for coproduction in commissioning for short breaks and sets an ambition for continued collaboration to benefit our most vulnerable children and young people in this area. It opens the door for further collaboration in commissioning in SEND services, with families being the golden thread to deliver the best possible service to achieve the best possible outcomes. Importantly in Kent, where there has been breakdown in the relationship between Health, the Local Authority and families, it builds the foundations of trust and partnership to build future relationships. The nomination applauds the resilience of partners to continue to be aspirational and synergetic for our children and young people with disabilities and additional needs, their families and carers



Medway & Swale Children and young people Asthma Programme

What is the name of the project, pilot or service?

- Medway and Swale Health and Care Partnership Team – Particularly Samantha Whybrow
- Medway and Swale Medicines Optimisation Team – Particularly Cath Cooksey
- Children's Partnership Commissioning

Could you describe the nomination and why it deserves a recognition award

The nomination deserves recognition for the impact that it has on Health Inequalities and the way in which the programme supports co-design. Asthma can have devastating fatal consequences if not managed, and this programme has been working to create a holistic support offer for Children and Young people with Asthma. The programme encompasses Asthma Friendly Schools, Asthma Friendly Sports Clubs, supporting GPs with Asthma Reviews, parent education sessions and face to face interaction with patients in the areas of highest deprivation, to name a few. Having a holistic, whole person approach to a clinical programme is proving to have an impact on those experiencing the highest levels of inequalities. The programme has also supported development of a PSHE lesson on Asthma, to support self care and a social movement into young people caring about themselves and their friends and family.

How did it involve the public/patients?

The clinical lead for the programme regularly engages with children in the most deprived areas, and very importantly engages with parents and carers of Children who are often overlooked. This has helped to shape the education sessions for parents which are being provided. Engaging with parents and carers and the children themselves enables the training that is being provided to be adapted to the needs of people. The Children have also been actively involved in the design of the Asthma PSHE session.

Tell us how your engagement addressed known health inequalities

The engagement and programme itself is focussed in areas of high deprivation which in itself starts to address health inequalities. Childhood Asthma is also recognised as an area of health inequality nationally, but also at a Medway and Swale level it is known that outcomes are poorer than the national average. The programme is also working with other areas of significant inequalities, for example, adapting the Asthma Friendly Schools documentation and package to support SEN schools.

What did the nomination achieve?

- 3 Secondary Schools, 6 Primary Schools and one SEN school signed up to be Asthma Friendly
- 174 attendees at training sessions
- 21 Parents have attended a parent education
- Professionals training for Asthma



DGT Patient Experience Carer team

What is the name of the project, pilot or service?

Dartford & Gravesham NHS Trust

Could you describe the nomination and why it deserves a recognition award

I am writing to nominate the DGT Patient Experience Carer team for a Healthwatch award. The team is made up of happy, bright and enthusiastic individuals from lots of different backgrounds and walks of life. They bring energy and passion to their role as well as a wealth of non-clinical life experience which brings a human touch and understanding to our patients to ensure that in partnership with our clinical teams the holistic needs of our patients are met. As they are not from clinical backgrounds, the situations they encounter can sometimes be very challenging and even distressing for them. Nonetheless, they remain professional and calm, supporting each other and the clinical teams they work with, in the best interests of our patients.

In the current NHS climate, our clinical teams often don't have the time to spend with patients that they would like to: to talk to patients and their relatives about their home life and family; to listen to and allay their fears and anxieties and work to resolve significant issues with kindness, patience and compassion.

As mentioned, the DGT Carers are non-clinical, they can't offer clinical information or advice, but they do offer emotional support to end of life patients and their families in a way that clinical staff sadly don't have the capacity to. We recently received feedback from the relatives of a deceased patient, of the positive difference that a DGT Carer had made to the end of life experience of the patient and her family. Sadly, he was not on duty on the day that she passed, but the family shared that she had asked for him on that day, and he was very touched and moved by this and the positive impact that he had made on her that she should ask for him at this time.

How did it involve the public/patients?

This role was created during the pandemic when visiting was suspended. The DGT Patient Experience Carer role was developed initially to provide support and companionship to patients when their family members and loved ones were unable to visit. The role quickly developed, with the DGT Carers embracing the potential they held to make a hugely positive impact on the experience of patients at this very challenging time. They set about devising activity packs for patients, developing ward-based book libraries for patient and building a resource of toiletries and essential items for patients, all aimed at making their stay more comfortable and offering the best possible patient experience. The team has grown since then, and we now have a team of 14 Patient Experience Carers covering many of our adult in-patient wards.

The DGT Carers offer support to patients in many different ways and can range from sitting with a confused or distressed patient providing comfort or reassurance, reading a book or newspaper, playing cards or completing a jigsaw with a patient. Supporting a patient on a Doctor's ward round and providing support and advocacy, or holding someone's hand if they are receiving bad news or undergoing an examination or procedure.

Although, small we recognise that these acts make a significant difference to the experience of our patients.

Tell us how your engagement addressed known health inequalities

The DGT Carers are truly passionate about doing everything they can to make every patient's experience the best it can be, ensuring that they are inclusive and supportive to all DGT patients. They commonly create decorations and activities from scratch with no funds or resources to help patients to celebrate seasonal events such as Easter and Christmas as well as big national events such as the Platinum Jubilee and King's Coronation and organising treats to ensure patients don't miss out and feel included in festivities despite needing to be in hospital.

They also provide company to confused or distressed patients who may have dementia, delirium or mental illness. This not only helps to ease anxiety and brings a sense of calm, safety and security to the patient, but also improves the environment for other sick patients on the ward.

This team play an important role in promoting the dignity of patients from diverse backgrounds, whether supporting and promoting cultural or religious needs or championing and supporting transitioning patients with their gender identity. This makes such a difference to patients when they are at their most vulnerable, and this is such an intrinsic and fundamental part of DGT's Journey to Outstanding.

What did the nomination achieve?

This nomination is being made not only to recognise and celebrate this amazing team, but also to share the concept across Kent and Medway so that colleagues in neighbouring organisations can appreciate the potential and significant impact that a team like this can have on the experience and engagement of their patients.

We also want to publicise and promote this to our patients so that they can look out for the DGT Carers if they visit Darent Valley Hospital.



Crisis Peer Alternative Service

What is the name of the project, pilot or service?

This nomination is for North Kent Mind's areas of delivery for this service but note that the service was delivered by North Kent Mind, on behalf of Porchlight (strategic delivery partner), and the NHS (commissioners).

North Kent Mind team: Amy Oliver (Service Manager), Alex Gillingham, Angela Lovegrove, Sophie Jubb, Evie Tite, Sam Jones (Peer Support Workers), with support from other departments within North Kent Mind.

Could you describe the nomination and why it deserves a recognition award

The Crisis Peer Alternative Service (CPAS) was a pilot service, and has been delivered by North Kent Mind, with funding and support from the NHS and Porchlight, across Medway, Dartford, Gravesham, and Swanley for almost 2 years.

CPAS has provided 12-16 weeks of 1:1, and psychoeducational group support for individuals 18+, who are post-mental-health crisis, or as a crisis prevention measure and have supported over 250 individuals in total.

The service has no exclusion criteria or waiting list, meaning anybody requiring this specialist support could access it quickly.

As a peer led service, workers have utilised their lived experiences, passion for supporting others, and extensive training, to provide synergy, helping clients feel safe and understood, and to reduce stigma surrounding mental health.

With a person-centred approach, support has been flexible via telephone, zoom and/or in-person working, and completely client led.

Peer workers have also supported clients by advocating for them and collaborating and liaising with external organisations such as CMHT's, councils and other charities to provide holistic support, and have worked towards mental health transformations locally and nationally. Outcomes from this include assisting clients who were homeless to be housed.

Upon completing the service, clients have reported improved confidence, self-esteem, and feeling better able to manage their mental health. Individuals who, previously, regularly presented to A&E or the crisis team have also needed to utilise these services less, if at all.

Feedback from clients include:

"I think this resource is life changing for people, and I believe that so many would benefit from having this service. It would make them feel more comfortable in their skin, feel more content and reassured that they aren't alone in their struggles. I am endlessly grateful." – Service User

"Today's session felt liberating. I really enjoy how everyone can relate. I feel less alone and more reassured." – Service User

"Thank you not just for saving my life, but helping me live it for the first time too" – Service User

"It was nice to feel welcomed in a non-judgemental environment with peer supporters that understand how I feel. I am so grateful to the PSW's for running this group with no judgement and so much kindness. Have learned a lot of coping strategies." – Service User

The entire CPAS team have put so much hard work and passion into making this service meaningful for clients and have shown so much strength and resilience throughout the pilot to make it successful and work together as a team to support both clients, and each other.

There is no other service like CPAS, it is entirely unique in that there is no exclusion criteria, is entirely peer led and offers 1:1 and group support. Unfortunately funding will not be there from April but it is incredibly important to recognise the amazing work and outcomes the service have seen.

How did it involve the public/patients?

Utilising a Peer Support model has enabled relationships of equal standing to empower clients to want to make changes themselves, for themselves.

With it being peer-led, clients had a lot of input into the content of the groups and gave feedback weekly which the team adapted into their delivery. 1:1 sessions have been entirely led by clients and have included work in communities such as meeting for walks, coffee, and attend new groups to support individuals into engaging with the community again.

This can be further demonstrated in a particular case where there was progression from telephone calls, to zoom calls, to in person sessions. This reduced client's social anxiety so they felt able to engage progressively in the service while maintaining their safety and trust in the service.

Clients have also had the opportunities to engage with other services and colleagues to talk about their past experiences of care and the stigma/barriers faced, compared to their experiences of CPAS, to influence change in the wider system.

North Kent Mind have a co-production team which CPAS worked with to develop the service.

CPAS team have attended external events to engage with the public including Gillingham train stations suicide prevention event, Dartford Pride, Welcome to Medway event, conferences, forums.

CPAS have engaged with collaborative working including with CMHT's, LWKM, and even psych liaison visiting, this allowed us to work together to identify appropriate interventions for individuals needing support.

Open, transparent communication with a flexible, adaptable approach to meet different needs.

Tell us how your engagement addressed known health inequalities

The service had no exclusion criteria, meaning CPAS has been able to support those otherwise excluded from some services due to certain presentations such as EUPD, psychosis, dual diagnosis and suicidal ideation.

Often clients under CPAS had been told they were 'too high risk' for some other primary care services, but 'not high enough risk' for statutory care, or had been passed from service-to-service many times and were lacking trust in professionals, feeling they were stigmatised, especially those diagnosed with EUPD. CPAS has been able to support these clients and work with them to build trust and advocate for them, especially in being able to access other services.

The support workers lived experience, made the service more accessible through reducing power differentials from a mutual empathy and understanding of each other. This empowered and inspired hope in individuals, who had been deemed 'too high risk', that they too could take back control of their wellbeing for durable change. ' Just being able to talk to someone else who has lived experience of mental health, and share experiences and coping strategies was immensely helpful, calming and reassuring and helped me put the diagnosis (EUPD) into a better perspective, and realise that the diagnosis was not the 'end of the world', but more of a tool to help me understand myself and how I perceive and interact with the world around me. By the end of the allocated sessions with my Peer Support Worker, I was so much calmer and at ease with the diagnosis and within myself.'- Service User

CPAS have supported a wide range of individuals with different demographics, including underrepresented communities and LGBTQ+, with outreach and community work, as well as addressing psycho-social inequalities in care.

The service prompted the development of North Kent Mind's Peer Support Podcast, which has the aim of addressing stigma and inequalities in an accessible way. Signposting materials for podcasts, apps and audio resources were also created for those who cannot read or write. Further to this activities in group were adapted to be inclusive of all skills and abilities including picture representations in lieu of writing tasks for those who may not be able to write due to reasons such as physical disability. CPAS also created an online group to accommodate for clients with social anxiety, agoraphobia, parents, disabilities, costly travel expenses and other factors restricting access to in person work, along with access to schemes and bursaries supporting remote access.

CPAS has influenced the provision of other services and demonstrated the skill set of lived experience staff and the value they have within mental health care.

CPAS supported individuals on long waiting lists for statutory care in the interim, as this is a period of time where people can find themselves vulnerable or alone. 'I came to CPAS experiencing depression, suicidal thoughts and suicidal plans. During my time with CPAS I gained ways of managing my own head and got perspective on the reality of my experiences.' – Service User

What did the nomination achieve?

It is hard to put this into 250 words because CPAS have achieved such incredible and widespread impact, as well as very individual impact for clients.

Many clients reported they would not be here today without the service, that it has saved their lives.

The team have also grown personally and professionally and have been confident in advocating against mental health inequalities and promoting accessible, equitable care.

Peer support is so important for individuals struggling with their mental health, and CPAS have achieved the aim of helping others understand and believe this too.

A staff member has said:

"I have seen: a reduction in anxieties; more positive outlooks; development of strategies to manage mental health; more awareness of the importance of self-care; improvements in clients self-esteem/self-image; increased confidence sharing feelings; and a reduction in seeing mental health as something needing fixing, leading to greater acceptance of who they are, appreciating their knowledge and insight into their own mental health. CPAS has been an interesting, challenging and exhilarating experience. We have been able to support in a way that has been liberating for me as a practitioner. There has been integrity and honesty in the relationships established with an equality I have never experienced in any other role. I believe this project complimented and supported clinical provision. But more than anything the outcomes achieved for clients going through some of the darkest times of their lives and seeing them make changes working towards their personal ambitions has been the best ever"



Public Health Intelligence Team, Medway Council

What is the name of the project, pilot or service?

The Public Health Intelligence team at Medway Council, lead by of Dr Natalie Goldring.

Could you describe the nomination and why it deserves a recognition award

The way that we understand health and well-being is changing. We are understanding more about the health and wellbeing needs of the population, and how the wider determinants of health have a more significant impact than traditional models of healthcare delivery. Fundamental to this understanding, and to translating this knowledge into improving how we care for our communities, is the underlying data – being able to see, explore, and understand how and why our population need, access, and use healthcare. We are rich in data, but to interpret and share that data in a way that makes sense to clinicians, healthcare planners, patients, and the wider community at large, is a rare skill. The Public Health Intelligence Team at Medway Council have been exemplary in the use of that skill, and have collected and used data to genuinely influence and drive senior decision-making across the region. They have been an integral part of the healthcare partnership, providing answers and direction with a genuinely 'can do' attitude. It is consistently a joy to work with them, and we are extremely fortunate to have such a dedicated, enthusiastic team at the disposal of the local community. They are a real credit to the council, to the healthcare partnership, and to the community they serve.

How did it involve the public/patients?

The data that is gathered, collated, interpreted, and used to guide healthcare delivery across the region comes directly from our patients and public. Whether directly through surveys, or through the collation of data gathered by health and social care and statutory bodies, data is treated with respect, and understanding. Through the engagement of the team with the communities they serve, the healthcare partnership is able to understand the needs of those communities, and involve them in planning and decision-making. The traditional model of intervening after the onset of illness is being able to change, as we work with the team to understand where our needs are, and hence how we can most effectively and efficiently make an impact – potentially reducing the onset of illness, and improving the health and well-being of the community as a whole.

Tell us how your engagement addressed known health inequalities

We now have a much greater understanding of the prevalence, extent, and impact, of health inequalities on our communities, and this intelligence is continuing to grow. We operate within a diverse population, with healthcare needs which differ from those of the county or country as a whole. The 'one size fits all' view of healthcare is not appropriate for our populations in Medway. The Public Health Intelligence team is absolutely fundamental to our understanding and appreciation of this – without the team, and the intelligence that they provide, we would not be able to identify, let alone address, those inequalities that are impacting on our communities. We now have a view of current need, along with unmet need, and can appreciate how that need might change over time, to allow us to plan healthcare to be ready for the future.

What did the nomination achieve?

The team have consistently provided high quality data, presented in ways that clinicians and non-clinicians, and experts and lay people, can readily understand. Requests for complex outputs are never unwelcome, and the abilities of the team members in being able to restructure and combine data to provide a more explanatory picture is hugely valuable. The Health and Care Partnership is clinically-led, and data-driven - and it is the work of the Public Health Intelligence team that fundamentally enables this.

RECOGNITION FOR EXCELLENCE IN: LOCAL PEOPLE TO MONITOR STANDARDS AND HOW MAKE IMPROVEMENTS



Healthy Communities Steering Group

Who has been involved in the nomination?

Health Inequalities Team at Kent Community Health NHS Foundation Trust. The group is chaired by Helen Merrick (Health Inequalities and Partnerships Manager). The steering group is a platform to give insight into and share lived experience of health inequalities and barriers experienced by migrant communities and ethnic minorities across Kent and how we can begin to address these, whilst also acting as a consulting group on trust initiatives and projects to enhance equality and inclusion.

Could you describe the nomination and why it deserves a recognition award

Membership is open to all from migrant communities and ethnic minority groups, as well as those who have worked with these communities and have an understanding of inequalities and barriers experienced. The group membership is currently made up of a mix of internal Kent Community Health NHS Foundation Trust staff, governors and volunteers and external representatives from the integrated care board, charitable organisations, Kent Fire and Rescue, Kent Police, district councils, youth work, resettlement, adult social care as well as the general public.

We are submitting this nomination as the group works to better understand local communities, reduce health inequalities and ensure community voices are heard by working in creative and inclusive ways. The group was created pre-pandemic and although meetings were moved online, there were a number of challenges including many initial members moving on, services closed and there were gaps in knowledge about local events happening. The group could have ceased but instead this was seen as an opportunity to do something different. There was significant consultation with members about the direction of the group and the chair demonstrated that they were committed to making change.

Meeting days and times were flexed to encourage more of the members to be able to attend, reasonable adjustments were considered and implemented such as starting meetings a few minutes past the hour to allow for breaks for anyone joining from another meeting and accepting contributions via the chat or after the meeting and removing the requirement to always be on screen to be more inclusive with meeting needs. In person meetings were also brought in as a response to requests from the group and include sight visits to showcase local services and respect the expertise that VCSE organisations have. The group has not shied away from hard conversations which have challenged thinking, but have highlighted gaps in knowledge and services helping the group to find solutions. Resources are co-designed and an online information space has been created which was especially important to members. The group has trail blazed new approaches to working and is helping to bridge the gap between statutory and the VCSE sector.

How did it involve the public/patients?

The Healthy Communities Steering Group work is delivered by and for local communities. The group has moved away from a traditional health service led model. For instance the online information portal (padlet) was created so that the content could be owned and shaped by the members. Padlet was chosen as it provided a neutral platform not owned by a single member or organisation. The group was also created a few years ago pre-pandemic following consultation with voluntary, community and social enterprise representatives and agendas were designed to reflect the needs of members. The agendas are still shaped by the needs of our members even today. Issues brought to light in meetings are real life examples from communities rather than assumptions about where issues are. There is group transparency as there is an action log so no actions or suggestions are lost or not explored. The group choose the priority of actions and the direction of work.

Tell us how your engagement addressed known health inequalities

At each meeting there is a fixed agenda item "the repair cafe". This time is allocated to services or members of the public to talk about any health inequality related issues that they are experiencing which they are looking to improve or fix. We then look at these issues as a group to problem solve. Examples have included widening menu choices for Hospital food by diversifying crops grown in the on site garden, struggling with the correct terminology so the creation of an equality, diversity and inclusion glossary and lack of visibility of health services in remote communities so public health services were approached about delivering their services using the Public Health Bus.

The online group information portal (Padlet) helps group members to share information about any services, events and support across the widest determinants of health. This means that members are able to stay informed even when they can't make it to a meeting and can learn about what is happening in their local communities. This information is also added to the monthly events update that the Public Health Events Officer sends out to other VCSE partners. Some services such as the Alzheimer's Society are now attending events such as Vaisakhi at a local sikh temple that they have not attended before, reaching new people with their services.

The group also run "spotlight" sessions around different topics reflecting the wide interests of the group members. This keeps the content of the monthly meeting relevant and gives more in depth information for those that are interested in that topic. The topics are chosen by the members and include digital poverty and the experiences of BAME populations and living with a chronic condition. The spotlight sessions are open so anyone can attend. This also helps to save time for local voluntary, community and social enterprise partners as they can reach a wider audience in one session.

The in person visits include a tour of the service and then the meeting, which members can still join even if they can't be there in person. The visits help to showcase services in a way that can't be achieved over a virtual call. The information about the service and photos will be shared to the Kent Community Health NHS Foundation Trust website (in progress). By KCHFT using their large platform to share this information this helps others to learn of services, often smaller, that they may have been unaware of.

The group is also recruiting volunteers as a volunteer to career opportunity. Having the support of a volunteer will help the group to continue to grow most significantly by them being present in the community and promoting the group. They will help to make sure that the group can stay up to date with local services and events as well as providing intelligence to the Health Inequalities Team so that community health teams and resources can be directed appropriately.

What did the nomination achieve?

The nomination will help others to learn of the existence of the group so that they can also join if they wish or refer others. It is also considered a testament to the work of the members who have given their time, put in ideas, offered to host visits and shared information and resources in the last year to help to get the group to where it is now. As a group we now regularly receive requests to join and are consulted regularly.

Medway & Swale Health and Care Partnership – Making Every Adult Matter (MEAM)

Who has been involved in the nomination?

- Medway and Swale Health and Care Partnership Team
- Medway Council
- MEAM co-ordinators

Could you describe the nomination and why it deserves a recognition award

The MEAM programmes seeks to provide intensive support to individuals who are experiencing the highest inequalities and have complex needs, these often include homelessness, mental health issues, drug and alcohol issues and those in contact with the criminal justice system, but includes other disadvantage too. The programme has an active caseload, and two co-ordinators who provide intensive support and bring system partners together to support individuals.

This programme seeks to engage and work with individuals with complex needs in a way that has not been done before. The co-ordinators are supporting the individuals on the caseload with their needs, in a way that is truly co-designed with the people experiencing multiple disadvantage.

How did it involve the public/patients?

The programme itself is about the relationship with patients, and engages with them to support their needs.

Tell us how your engagement addressed known.

Tell us how your engagement addressed known health inequalities

Health Inequalities are addressed through working with those who are experiencing multiple disadvantage, who fall into a number of the health inclusion groups and have complex needs. It is recognised that though this programme seeks to engage a small number of individuals, it will have a large impact on health and social care, and importantly, a large impact on the individuals who are facing the inequality.

What did the nomination achieve?

The programme is beginning to achieve success with individuals, with an active caseload of individuals to work with.



Talking together peer support group

Who has been involved in the nomination?

Desre Bean Englebrecht, Participation Advisor KCHFT, KCHFT Engagement team, Sexual Health Services KCHFT, Steve Bamford Volunteer peer mentor

Could you describe the nomination and why it deserves a recognition award

The Talking Together Peer Support Group are a group of people living with HIV that meet virtually every month with the aim to share experiences and information. They provide emotional and practical support, empowering each other to take control of their own health and wellbeing and to reduce isolation whilst building confidence and resilience. The group is facilitated by Peer Mentors recruited and managed by the KCHFT participation advisor in the KCHFT engagement team.

The Talking Together group was established to identify and develop peer-led emotional and wellbeing support for those newly diagnosed with HIV, as well as those living with HIV in Kent. The need had been identified through patient engagement and feedback which highlighted isolation linked to HIV stigma. When the feedback was analysed, there was a common thread in the responses, with many clients and service users saying staff at the sexual health clinics were the only people who knew about their HIV status.

The peer support group deserves recognition because it provides a safe place for people who are HIV positive, to discuss concerns and the different aspects of living with HIV. This is the only peer support initiative in Kent for people living with HIV, where clients and service users can talk with other people with HIV, for some it's the first time they've been able to do so. The virtual meetings are a space where people can talk openly about issues. They talk about how HIV has affected their lives, dating, self-esteem and share experiences that they've had post diagnosis.

The talking together group is supported by the Sexual health services, who are able to refer service users and clients. The service undertakes clinical supervision with the peer mentors which has established a process of support, reflection, learning and development that is of benefit to their individual growth, knowledge and skills base.

How did it involve the public/patients?

The Talking Together group was set up after people using HIV services at Kent Community Health NHS Foundation Trust (KCHFT) were asked through virtual patient focus groups and phone interviews, if there was anything they would like to change or improve. Clients and service users said they often felt alone and isolated and unable to talk to anyone else about their condition. The virtual meetings are a space where they can talk openly about issues.

A co design group, including sexual health team members, clients and service users was established to develop an initiative that would address the themes from the initial insights work. The group decided that the solution was for them to work with the Sexual Health Service to set up a patient-led peer support group. The group are involved in setting the agendas for their meetings and are involved in co designing future workplans and identifying appropriate speakers to attend their group, to provide information and advice about things that can promote wellbeing, develop confidence and also offer other opportunities to get involved.

The group has also given the opportunity for 3 members to become volunteer peer mentors. The peer mentors receive training and support from the sexual health team so that they can support others, share their knowledge and experience to help people improve their own understanding of HIV and treatment, take greater care of their health and build confidence in living with and talking about HIV.

The peer mentors are also members of the KCHFT sexual health patient advisory meeting and are able to feedback any issues arising from the talking together group as well as having an opportunity to co design, opportunities, ideas and developments with the sexual health service. They have taken part in a qualitative research project on taking medications, to understand their experiences and how to improve care in the future.

Started work on a new website project to share peer support messages through the KCHFT website. They have attended the 5th National conference of people living with HIV and gave feedback to our service.

Tell us how your engagement addressed known health inequalities

Service users have said that despite changing attitudes, they still feel stigmatised by society and some said staff at our clinics were the only people who knew they were HIV positive; they hadn't felt able to tell anyone else. To address these issues around inequalities, the Talking Together HIV Peer mentors have supported activities to increase knowledge around HIV within the general population, share peer support messages, improve sexual health services.

The group worked with sexual health services to share their personal experiences and stories via the public facing website, giving much needed exposure to the group and the challenges they face living with HIV. They have also been interviewed by local radio stations and written a newspaper article, promoting the "can't pass it on" message.

Peer mentoring has been proven to be a key component in managing the physical and emotional well-being of people living with long term conditions. And has been shown to be particularly effective in supporting those living with HIV. The lack of any peer mentoring support in Kent was identified as a priority area to work on as well as the importance of all projects being co-produced and peer led.

To address the issues of stigma and health inequalities and to improve knowledge of HIV, a member and peer mentor of the talking together group took part in a fundraising project in 2023 to cycle 390 miles across Kent visiting 16 of our hospitals and sexual health clinics in just four days to talk about his story of living with HIV and to publicise the U=U (undetectable=untransmittable) campaign which explains how people who are on effective treatment cannot pass the virus on to their partners, and to raise funds for the KCHFT charity icare. The same peer mentor won the participation partner of the year award at the 2023 KCHFT staff awards, to honour the work he had undertaken to promote the KCHFT HIV service and to raise awareness of HIV through fundraising

What did the nomination achieve?

To date, we have recruited over 50 members of the talking together group which is led by 3 peer mentors. Some of the members have commented;

“ It has helped me to develop new skills in terms of mentoring, along with help handling some of the niggly day to day things around HIV such as med change”

“It has left me feeling far less isolated and I enjoy being with the group, either face to face or on Teams”

“I feel part of something, I have a place where I don't have to hide that part of myself”

They have taken part in the following initiatives;

- 4 interviews with radio stations and a newspaper article, promoting the “can't pass it on” message
- develop patient leaflets for Sexual Health team.
- Began work on a new website project to share peer support messages through the KCHFT website
- Taken part in a qualitative research project on taking medications, to understand their experiences and how to improve care in the future.
- Been part of interviews to recruit staff in to the sexual health team
- Are regular members of the Sexual Health service patient advisory group
- £2800 raised for icare charity by a peer mentor who cycled across Kent & Medway visiting our local community hospitals and Sexual health clinics
- Co designed a quarterly newsletter to keep people on the mailing list informed of meeting dates and other events and to give updates from KCHFT sexual health clinic as well as updates from Positively UK and Terrence Higgins Trust.

They are the first HIV peer support group in Kent, who have already given so much support to others living with HIV who have felt isolated and unable to connect with services because of the stigma attached to HIV. The group has given those people a platform to speak openly about their diagnosis, to learn more about HIV and become more confident to interact and make better connections with people and communities and to live the lives that they choose.



Caring with Compassion' End of Life film, a mandatory training resource for East Kent Hospital Trust staff

Who has been involved in the nomination?

East Kent Hospitals University Foundation Trust's End of Life Care Clinical Leads Lucie Rudd & Chris Farnham and the hospital palliative care team.

EKHUFT Charity funded the film which was produced by Flix Films. Pilgrims Hospice supported location.

Could you describe the nomination and why it deserves a recognition award

As part of a Palliative and End of Life Care (EoLC) Education and Training Framework, the EoLC clinical Leads and Trust EoLC committee sought to develop an End of Life Care Awareness training film – called 'Caring with Compassion'.

The framework was reviewed and mapped to the Health Education England End of Life Care Core Skills Education and Training Framework (2017); The Ambitions for Palliative and End of Life Care: A national framework for local action 2021-2026 and the CQC transitional KLOES 2020.

The aim of developing the film was to support the need for all staff to have the skills, knowledge and confidence required within their roles to ensure high quality end of life care for patients and those important to them, and acknowledge a Trust commitment that good end of life care is everyone's responsibility.

The film was mapped specifically to Tier 1 of the HEE framework which encompasses those that require general end of life care awareness, focusing on a community development, asset-based approach to care. This tier is relevant to those working in health and social care who have limited contact with individuals approaching the end of life.

'Caring with Compassion' follows a man in the last days of his life, and the experiences of his family, as a powerful reminder of the importance of seeing the person, not the patient. It aims to encourage us all, whatever our role, that our kindness and our actions, however small, could make a big difference.

The palliative care team worked closely with Flix Films to develop the script, cast actors (including guest appearances from east Kent staff) and sensitively shoot the film at William Harvey Hospital in Ashford and other local locations.

The overall learning goal was that all staff, regardless of role recognise end of life and dying is everyone's business and a is core business for the organisation. And learn the value of responding with compassion – the difference they can make

The film demonstrates any staff member could interact with someone facing EoL or grieving in any area of the hospital at any time – it is part of everyone's role. It highlights how this subject can affects us all personally – we all have been or will be bereaved at some point, it's also about caring for each other as staff.

A further learning goal was to demonstrate the reality of a busy ward and competing priorities but no matter how new to the organisation, or how junior, it is possible to offer care and compassion to a patient at the EoL and small actions can make a big difference. You can watch the film [here](#).

How did it involve the public/patients?

Through all staff being made more aware of the needs of patients and families at the end of their lives, it has led to a more positive experience for all, both in terms of patients being better cared for and staff feeling that they have provided excellent care. It explains how people can get involved in end of life care and how to access services.

The film is mapped to the HEE framework which describes Tier 1 and its associated learning outcomes as relevant to you if:

- You are a member of the public
- You have been diagnosed with – or support someone with – a life limiting condition
- You work in the adult health and social care sector but have limited contact with anyone approaching the end of life. For instance, you might deliver care and support in ophthalmology or physiotherapy, or may be in a role that doesn't deliver care and support such as administration or maintenance.

Dr Chris Farnham, consultant in palliative medicine said: “Not all people feel confident in working with dying patients, but they should be able to get the help and support that they need for those they are caring for. The film helps those that see it to know where to go to for that help and reminds us all why we work here in hospital – to help care for our patients and their families. Caring with compassion is a very simple message but so important to everyone.”

Tell us how your engagement addressed known health inequalities

The issue of education and awareness in end of life care has been gaining momentum nationally, as seen in the report by Keri Thomas of GSF, which recommended that training in palliative & EOL care is made mandatory for front line staff looking after people likely to be at EOL. The Trust is pleased to be leading the way on this.

NHS commissioners and providers are required to implement the Equality Delivery System (EDS), an annual improvement tool for our patients, staff and leaders of the NHS. The film supports us to have active conversations with patients, public, staff, staff networks and community groups, to help review and develop our approach in addressing health inequalities.

We want a workforce that is valued and whose diversity reflects the community it serves as this will enable EKHUFT to deliver the best possible healthcare service.

An environment characterised by teamwork, trust and respect will enable every employee in the Trust to achieve their potential and this film resource is an important first step for all new staff to understand the importance of 'Caring with Compassion' – whatever your role is.

We launched and publicised the film as part of our Dying Matters week campaign in 2023. Dying Matters is a public health campaign run by Hospice UK, working with organisations, decision makers and the public to make things better for people who are dying or grieving. The campaign recognises that we often don't have the language and confidence to talk about death and dying, and this means that not everyone gets the support that they need. Our film encourages all of us to think and talk openly about end of life care, supporting improvements in access to palliative and supportive care for our communities.

What did the nomination achieve?

'Captivating', 'moving' and 'spellbinding' are just some of words hospital workers used to describe the film when it was launched to mark Dying Matters Week in May 2023. The film has been viewed 11,244 since its launch.

Lucie Rudd, consultant nurse in palliative care said: "We know our human response is so important and we really want to encourage every member of hospital staff – it doesn't matter who they are in the team – that they can actually make a big difference.

"We are very proud of this film and it has been widely shared with our hospital colleagues and also as a resource for colleagues across the NHS and our care partners.

Dee Neligan from East Kent Hospitals Charity, said: "We are delighted to have been able to fund this important and powerful film, and we feel it is making a positive and significant impact on the hospital experience for patients, their families and staff."

It has also been shared with other NHS trusts in England and charity groups such as MacMillan who have used with their own teams.



Medway Hospital Enhanced Care

Who has been involved in the nomination?

Medway Hospital Enhanced Care Team

Could you describe the nomination and why it deserves a recognition award

The Enhanced Care Service was established in 2022 and currently consists of 1 x band 8, 1 x band 7, 1 x band 6 and 4 x band 3 staff. Enhanced Care (previously referred to as 1:1) is provided for patients who are disorientated, have altered cognition or behaviours that can challenge. The original aim of the service was to provide staff to meet the Enhanced Care needs of the Trust. Over time, the service has evolved and are currently piloting the role of Therapeutic Practitioners within the team. Changing the focus to preventing the need for Enhanced Care by providing: stimulation, meaningful activities and helping to ensure the care provided is person-centred as able for the patients on the wards. Working with patients, carers and other services such as the Namaste Practitioner and therapies department have developed a programme of activities with a variety of resources available to facilitate this. Providing this can improve the wellbeing of people with dementia/ cognitive impairment as well as building a therapeutic relationship. It provides an opportunity for cognitive stimulation, supporting physical, sensory and psychological wellbeing.

How did it involve the public/patients?

This pilot will support our teams to work together to provide meaningful, person-centred care for our patients throughout the Trust. Engaging patients and liaising with their families to make sure that all patients' needs are being met. Improving patient experience and reducing the risk of inpatient harms, such as deconditioning, falls. In addition, this can release time for ward staff, so they can focus on providing the best care possible. So far, the feedback received from the patients, carers and ward staff has been very positive with many people commenting that it should be rolled out across all wards within the Trust.

Tell us how your engagement addressed known health inequalities

The focus of our team is on supporting our patients that have additional needs and this is usually due to Cognitive Impairment/Dementia, Delirium, Learning Disability or Mental Health disorders and often our patients will be experiencing several of these conditions. Patients with this conditions often need additional time to communicate their needs and wishes especially in the hospital environment. Frequently, wards are short staffed and not always able to provide the extra support required and if they are able to, it is seen as a luxury rather than the norm. It is well known that these patient groups experience in-hospital health inequalities; with increases in mortality rate, falls and length of stay.

Research has found that, even with the same medical condition, patients with a dementia receive a third of the amount of pain relief than those without. Often in hospital, the priority is on treating the medical problem while the social and emotional needs are overlooked.

What did the nomination achieve?

The Enhanced Care team staff do have the luxury of time and this is spent engaging with patients and their families to ensure person centred care plans are in place. Communicating any individual needs to the MDT. Barriers in communication are identified and addressed. Appropriate activity and stimulation is provided, dependent on the patient's hobbies and interests. We hope that this will result in all patients' needs being met, any pain treated, increased activity (reducing the likelihood of deconditioning), reduce inpatient falls and lead to a shorter length of stay.

RECOGNITION FOR EXCELLENCE IN LISTENING TO PEOPLE'S VIEWS AND THOUGHTS ABOUT SERVICES



Adolescent Transition Service

Who has been involved in the nomination?

Dartford and Gravesham NHS Trust

Could you describe the nomination and why it deserves a recognition award

The Adolescent Transition Service have delivered a number of initiatives with children and young people. They started by making contact with a local primary school with the aim of visiting them to deliver Health and Wellbeing sessions for the children in order to contribute to their curriculum, but also to gain valuable feedback for developing our CYP services. This has linked in and become a very important part of the community engagement process for our strategic vision of creating Our Children's Hospital, a process of collaborative design in collaboration with Art Insite.

The team visited the primary school monthly for a programme of engagement work, and have now finalised this set of visits with an all school assembly of 400 children which consolidated the 6 months of work with them.

How did it involve the public/patients?

We worked in partnership with our children and young people and parents as stakeholders, and Art Insite, to facilitate our first tour of the hospital. We worked collaboratively with 9 children and young people who visited the hospital site for the day to walk the patient journey from the front door through to discharge. This gave valuable feedback and insight to what they noticed on the tour, examples were the fish on the floor in ED, they commented that some heads were missing which was scary! One child reacted whilst working through the Red zone in main OPD because at their school, this was where children were sent for time out or poor behaviour.

The children and young people demonstrated to us that there are things that we see as adult professionals everyday but don't notice. Children and young people see things we don't and interpret what they see in different ways to an adult. The partnership work demonstrated to us that we can't underestimate the impact it may have on them and their perceptions. For example, something as simple as turning the light down to be dimmer in the waiting room can alleviate so many pressures and stress, keeping children and young people calmer.

Tell us how your engagement addressed known health inequalities

This has been the beginning of a really exciting engagement programme for children and young people's services, both within the traditional CYP areas but across the Trust in other areas where children and young people walk, visit and may have an inpatient or outpatient stay.

Moving forward into the new school year, we are looking to work with more primary and secondary schools, colleges, Brownie and Scout groups and other children and youth groups to increase the diversity of our reach, enable further partnership working and development of vision and services and hear from children and young people from varied backgrounds and cultures. This work will enable children and young people and their parents to be true partners in their services and care for the future.

We have a vision to widen this partnership working so not only a wider cohort of children and young people will be engaged, but also the brilliant work of all of the wider MDT within the division and across the Trust.

What did the nomination achieve?

We have called them our "super school" and the children have loved the visits which enabled us to get invaluable ideas from them for the design of our new Children's Hospital design and concept. The sessions have been interactive and fun with stethoscopes, bandages, slings and talks about healthy food and drink choices and our feelings. This has involved working in collaboration with the head of PSHE at the school to ensure we work alongside and contribute to their curriculum.

Each session has involved different activities, all focused on their ideas for our new design and giving the child and young person the opportunity to have their voice heard throughout their entire journey and stay here at Darent Valley Hospital. Special consideration was given to what would make them feel safe and comfortable, and listened to when the need to access our services or require a hospital stay.

The children designed bags and also designed what their own bedspace would ideally look like in hospital. One example of innovation is that child wanted an ABD – automatic burger dispenser!!

We now have our first dedicated primary school to support and improve services working in collaboration with professionals at Darent Valley, this is dynamic work in progress and we are planning together with the school how to continue our engagement in the new school term to continue the development journey.



Creative Minds

Who has been involved in the nomination?

Staff, clients and volunteers at West Kent Mind. Local artists and arts organisations.

Could you describe the nomination and why it deserves a recognition award

Creative Minds is a National Lottery funded collaboration between the staff of West Kent Mind, our clients, the local community and local artists working together to improve mental health and wellbeing across West Kent and supporting a target of 864 people over three years. It provides a comprehensive longer-term creativity programme ('Creative Engagements') working specifically with professional artists and arts organisations alongside wellbeing workers. The programme also introduces structured leadership development for up to 90 beneficiaries who show leadership aptitude as 'Creative Agents'. These skills enable and empower them to take leadership, co-delivery, and peer to peer befriending roles within the programme as well as across other West Kent Mind services and beyond. Finally, 'Creative Places', led by our 'Creative Agents' engages wider public participation in creative activities through stands at local community events as a tool to build awareness, support and access to mental health support. The nomination deserves an award as it has offered a more accessible and engaging way of addressing mental health issues. Through this programme we have engaged a new audience. As there is no assessment, we have attracted people who are experiencing mental health issues, but who are not necessarily identifying as having a 'mental health problem'. We are working with people at an early stage of their experience and achieving significant wellbeing outcomes before more intensive and costly clinical interventions are required. Leading a wellbeing and mental health service with creativity has proved to be engaging for our community (we have secured over 119 registrations out of a target of 96 to date) as well as achieving some very satisfying results. It also embeds a sense of progression and sustainability with the investment in Creative Agents who have improved their mental wellbeing through a sense of purpose, skills development and support to others.

We have seen some extraordinary moments of achievement for our clients who have undertaken creative activities that have bolstered self-esteem, increased confidence, increased their sense of purpose as well as improving their understanding and self-management of mental health and increasing their ability to support others. We have seen significant wellbeing improvements through addressing mental health issues in this way.

This project responds to the demand to move beyond a short-term therapeutic focus towards a more comprehensive and longer-term skills and recovery pathway which can be continued within the community.

After a successful first year, we want to ensure that all members of our local community have access to the programme, particularly marginalised groups for whom research shows higher prevalence of poor mental health. These include ethnic minority groups, people who identify as LGBTQ+, disabled people and people with dual mental health diagnosis.

How did it involve the public/patients?

We undertook comprehensive engagement with existing clients and the wider community to identify what was important to them. Client feedback on creative sessions over the last 18 months demonstrated strong impact and continued need. 100% agreed/strongly agreed that creative activity had increased their confidence and self-esteem; 91% agreed/strongly agreed the activity increased their connection with other people. Only 54% agreed/strongly agreed the activities had increased their ability to support others – suggesting further development was required to empower our community to support each other.

A survey across our community identified key local challenges. Across nine categories, mental health was identified as the most important issue in the community (88%). We surveyed our community about specific mental health needs. Across seven categories, creative activities were highest in demand (64%), with social activities close behind (60%). We gathered valuable input on the desired structure, approach, timings and locations for activities.

Our client forum supported further development of the programme, championing creative activities and peer support. These suggestions resulted in developing the 'Creative Agents' and 'Creative Places' elements. Consultation identified that people want to support each other better with their mental health but don't always have the confidence/skills to do so. 'Creative Agents' empowers project participants with skills to deliver and support sessions themselves and within the community through the 'Creative Places' strand. Service users wanted to access sessions for longer and wanted more focus on developing creative skills (96% want creative professionals leading sessions with wellbeing staff/volunteers providing a support role instead).

Tell us how your engagement addressed known health inequalities

The early intervention and prevention aspect of this programme means that we have been able to address health inequalities amongst people who are at risk of declining mental health. If left, people are at risk of developing a mental health problem or serious mental illness. At this stage there is double the risk of three or more long-term health conditions in people experiencing mental health conditions. The foundations of this programme are also based on the importance of lived experience to support recovery and contribute to improved mental health and wellbeing. This means that we have been able to galvanise the community to support itself through the engagement of people with lived experience and through the provision of peer support opportunities.

Our specific Creative Engagement programmes enable us to form innovative partnerships and collaborations with artists and arts organisations. In turn we can work with specialists with specific creative skills but also with those who have experience with working with particular groups. We are currently developing a programme alongside Square Peg Arts who have experience of working with neurodivergent people and people with a learning disability.

It is well documented that engagement with the arts can significantly improve physical and mental wellbeing, particularly among people who live with underlying health conditions and are at risk of feeling lonely or socially isolated.

It is important to recognise that the groups most likely to experience unequal health outcomes are the same groups that have been historically under-represented in the arts. The Creative Minds programme provides a 24 week engagement with professional artists that is proving to ignite a new interest amongst participants who are now seeking to continue this engagement within their local community and are attending ongoing arts activities. This social and creative engagement will continue to maintain their mental health and wellbeing and contribute to the reduction in health inequalities.

What did the nomination achieve?

We were thrilled to secure £384,323 from the National Lottery Community Fund to launch our new Creative Minds programme in April 2023 in response to feedback from our beneficiaries and as part of the mental health and wellbeing support we provide. After nine months we have delivered:

8 Creative Engagement programmes (24 weeks each)
Worked with 119 people (target 96)
Delivered 179 Creative Engagement sessions
Launched 16 Creative Agents

As a result of these outputs, we are seeing very good mental wellbeing outcomes – to date an improvement of 4 points on the Shortened Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) (from 18.9% to 23.01%) – showing improvements that have taken people from low mental wellbeing (below 19.6%) to above the UK population mean (23.35%). Full data sets will be collected at the end of the year, but we are on target to achieve very good wellbeing outcomes with this programme.

We have already seen one person set up their own design business following the printmaking programme.



Women's health and wellbeing

Who has been involved in the nomination?

NHS Kent and Medway- Shelley Whittaker

Could you describe the nomination and why it deserves a recognition award

Shelley Whittaker, Deputy Director of Communications and Engagement for NHS Kent and Medway, has led a best practice piece of engagement to understand women's experience of health and wellbeing services. The project is ongoing, but has already involved 890 women in a qualitative story-capturing survey on topics across the female life course. Shelley set up the Women's Network at NHS Kent and Medway several years ago and has engaged with women internally in the ICB and across the system on issues that affect their lives.

As a result the NHS has set up menopause training for managers, is improving awareness of menopause and the effect in the workplace, and the women's network is trying to influence the gender pay gap in the NHS. Shelley's passion for improving life for women knows no bounds, and as she leaves NHS Kent and Medway this month through voluntary redundancy, she is setting up a community interest company to take her work further in this arena. She is also a trained transformative coach and works with women to help them improve their lives. Shelley is passionate about involving people and working in partnership, with the VCSE and public seen as equal partners. She strives for best practice, and mentors and encourages others. She hasn't been afraid to challenge decisions or practices which do not involve people, and has driven improvements and empowerment within the engagement team at the ICB.

How did it involve the public/patients?

The engagement was devised and implemented by Shelley and involved a survey for the public on women's health topics, another for health professionals, a workshop with women and the voluntary sector, a survey for GPs. Work that is still ongoing includes outreach community work with VCSE organisations to reach women including young people, those living on the streets, homeless women, and women living in deprived communities, as well as women from black and minority ethnic communities. The surveys were pushed out via social media, the voluntary sector, NHS and local government channels and the promotion was a great example of partnership working. Shelley also worked to include Healthwatch in the overarching approach. 850 people completed the public survey and the stories they told showed that lots needs to be done to address the experiences women are having. Their tales were harrowing. Shelley also analysed and wrote a report on the findings, with recommendations to improve services. She has called for a holistic approach to women's health and an innovative joining of primary and secondary care to enable this.

Tell us how your engagement addressed known health inequalities

This piece of engagement puts a local stamp on the national ambition to improve health inequalities for women. See the national NHS Women's Strategy. Although women on average live longer lives than men, a large part of their lives is spent in ill health with many experiences multiple health conditions. As Shelley's research and engagement showed, women's physical health affects their mental health, and they aren't getting the support they need.

What did the nomination achieve?

The engagement has raised the profile of health inequalities in women and their experiences of the NHS system. It shows women are often dismissed by GPs and not taken seriously. It shows they are not treated holistically. It shows women are living for many years with women's health conditions, battling to be heard by the NHS. The report and further engagement which is to take place over coming months should drive women's health high on the agenda for change.

RECOGNITION FOR EXCELLENCE IN INCLUSIVITY AND ACCESS TO SERVICES



Improving Deaf people's access to healthcare

Who has been involved in the nomination?

East Kent Hospitals University NHS Foundation Trust – Patient Voice and Involvement team, Communications team and IT Projects team
KCC Sensory Services Team

Could you describe the nomination and why it deserves a recognition award

As a result of feedback from Deaf people via KCC Deaf services and engagement directly with Deaf people by the Patient Voice and Involvement team, the Trust realised that we continue to provide unequal access and a poor experience for Deaf people in East Kent. We listened to this feedback and as a result we updated information on the public website about how Deaf people who use BSL can contact us using Interpreters Live. This is an on demand BSL video service that can be used either to contact our hospital sites or PALS, or in an urgent care situation, or if a Deaf patient attends a routine appointment and no interpreter has been booked. We have also updated information on Staff Zone (our intranet), including a guide for staff on accessing BSL video interpreting on demand. The BSL video icon is on the ZENworks smart desktop and on Blue iPads on the wards.

How did it involve the public/patients?

The Patient Voice and Involvement team along with clinical colleagues visited Deaf Together Groups in Ashford and Margate in January and February 2023 to get feedback from Deaf people who use BSL and went back to update them in July 2023 on what we've been doing to improve access. A Deaf person's experience was shared at the Trust's September 2023 Board meeting, with a video of their experience in BSL, with sub-titles, filmed by our Communications team, shown at the Board. This was also shared with staff on our intranet during National Inclusion Week in September 2023. In our most recent visit in January 2024 we went to the group in Ashford to show them how to register with the NHS App and our Patient Portal.

Tell us how your engagement addressed known health inequalities

Deaf people who use BSL experience significant health inequalities. In 2014 Sign Health's report 'Sick of It' highlighted that whilst Deaf people have generally healthier lifestyles than the rest of the population in terms of smoking or alcohol use, many are likely to have undiagnosed high blood pressure and twice as likely as non-Deaf people to have diabetes, high cholesterol and cardiovascular disease. Under-diagnosis and under-treatment of potentially serious conditions is more common in Deaf people.

Data from the 2021 Census shows that in East Kent there are 306 Deaf people who use British Sign Language (BSL) as their main way to communicate. The largest numbers of Deaf people who use BSL are in Thanet – 145 people, just under 50% of BSL users in East Kent. As the completion of the Census requires an understanding of written English these numbers could be an underestimate.

What did the nomination achieve?

By improving provision of face to face BSL interpreting, by making the Interpreters Live service more prominent on our Trust's public website and for staff through a direct link on the ZENworks smart desktop, we have made it significantly easier for people to get access to BSL interpreting at East Kent Hospitals. We also work closely with KCC Sensory Services team who can flag issues for Deaf patients with the Patient Voice and Involvement team. They also provided staff with two online sessions on the Deaf BSL community and access to healthcare. Our Patient Portal enables people to add their communication needs, including needing a BSL interpreter at appointments or other adjustments and having appointment letters in a range of formats.

The number of face to face BSL interpreting bookings has increased from 6 to 8 a month in 2022 to 16 to 33 a month in 2023. We are planning further work in 2024 to improve access to BSL video on demand in Emergency Departments and Maternity services using tablets on wheels to access video interpreting for BSL and spoken languages at the patient's bedside. We are also looking at a Kent and Medway wide communication passport for people with sensory impairments, in partnership with KCC and other NHS Trusts in Kent and Medway.



Gender Inequality Research in Breast Radiology

Who has been involved in the nomination?

Sally Harper, Breast Imaging Radiographer
Clare-Marie Marsh, Breast Imaging Radiographer
Stewart O'Callaghan, CEO of OUTpatients charity

Could you describe the nomination and why it deserves a recognition award

Through our professional practice as radiographers working in a busy breast imaging department, we developed an interest in researching health inequalities, particularly in the patient barriers to breast healthcare services. Early breast cancer diagnosis is crucial in reducing mortality and improving treatment outcomes, and it is imperative that our services are made accessible for all.

Patients attending breast imaging clinics are predominately female, and following feedback from our cisgender male patients who felt unrepresented in the service, we reflected on gender inequalities and disparities present in our healthcare setting and felt compelled to address the concerns raised. We initially conducted a Quality Improvement Programme to measure our imaging staff's perceptions of gender equality within our Breast Radiology service at Maidstone and Tunbridge Wells NHS Trust. The data analysed following this study highlighted a gap in awareness of gender diversity, and highlighted disparities and inequalities in our service delivery. The need for bespoke staff training was apparent along with several departmental changes. An additional outcome demonstrated from our Quality Improvement Programme was the recommendation to develop a research project investigating the perceptions and lived experiences of breast imaging services in transgender and gender-diverse people. The data from this investigation will be thematically and statistically analysed to empower us to further improve our service, guaranteeing an accessible, inclusive, and progressive service.

Our literature review demonstrates that research projects of this kind within breast imaging have not been conducted before and our work is therefore novel and innovative. The review of the literature indicates several barriers for LGBTQI+ people for radiological and breast healthcare. We have investigated and addressed these barriers to make the necessary changes, including the departmental decor, implementing staff training, new protocols, new posters/leaflets and public health promotion. During our research and discussions with NHSE, it became evident that a gap exists in the breast screening invitation formula. It was apparent that transgender men and non-binary people registered female at birth, who have breasts and are of breast screening age, are not invited due to being registered male on their GP patient records. This may also be the case with transgender females that are registered as male on their patient record. Eligible people not invited for screening may be at risk of being diagnosed with later stage cancers when attending symptomatic clinics. Everyone deserves the same opportunities in accessing breast imaging for the early diagnosis of breast cancer and this information led us to create our own innovative transgender/non-binary breast screening pathway. Local GPs have been made aware of this new pathway and the number to ring for mammogram appointments.

How did it involve the public/patients?

A new breast screening pathway for eligible clientele has been developed and is detailed as follows:

1. The client rings our breast radiology booking office to request a mammogram.
2. Carefully constructed questions are asked to determine eligibility for a mammogram.
3. An appropriate appointment time is created on our RIS system under 'self-referral'.
4. Our advanced practitioner Breast Care Nurse signs the request.
5. The training our staff have received will ensure the examination is performed with cultural humility and professionalism.
6. The images will be read by two clinicians and results posted to the client.
7. If a recall is required, our lead breast imaging nurse will ring the client and arrange an appropriate appointment. Our lead nurse has ensured any forms that will be used during these procedures are gender inclusive.

Close collaboration with an LGBTIQ+ cancer charity, OUTpatients, ensured our pathway affirms dignity and value. We have regular meetings with the CEO of this charity to discuss and plan our projects and staff training. This ensures our services are evaluated and quality of care is maintained, adhering to any societal changes.

It is hoped, soon, that national solutions are invested in to address this gap so this cohort of people do not have to seek out their own screening mammograms and can benefit from the NHS Breast Screening Programme and the associated 'Rights Results' Process which ensures automatic invitations through to the correct result for all clients. We hope our work can be a driving force in this change.

Tell us how your engagement addressed known health inequalities

We conducted a literature review that highlighted the numerous healthcare disparities LGBTIQ+ individuals face, including stigmatisation and inequalities in health care environments. The NHS equality objectives for 2022/23 – 2023/24 highlight the importance of LGBTQ+ inclusion and aim to improve the experience of LGBTQ+ patients and staff.

Transgender and gender diverse people have historically been hidden in society. Improved visibility has increased awareness of discrimination experienced by this community, highlighting a lack of appropriate care. Patients have reported negative healthcare imaging experiences, which suggest the need for new guidance and protocols. For example, appropriate use of a patient's chosen name/pronoun and gender identity.

Lack of staff education contributes to the health disparities faced by the LGBTIQ+ community. Documenting a patient's chosen name (if different than the legal name) and pronouns in electronic health records remains a problem in most settings.

Limited evidence exists on strategies used to promote inclusive medical imaging environments for transgender and gender diverse patients. Further work and research in this area is needed and greater research investment would facilitate implementation of culturally competent care in radiology, promoting an environment of equity, diversity, and inclusion. Optimising education of the breast radiology care team is necessary to provide inclusive and respectful imaging care.

The negative healthcare experiences and emotional discomfort amongst trans and gender diverse people whilst attending radiology clinics has prompted our proposal to explore the barriers they face with breast symptomatic and screening imaging services, how these have impacted their experience or perception, and what changes are required to improve service and patient experience. Our study aims to capture their emotional response, to generate new and updated evidence-based clinical guidelines to increase visibility and representation of these patients and reduce stigmatization and discrimination they face. We have addressed and continue to address the following:

- Lack of gender diverse affirming/representative literature and information
- Gaps in the Breast Screening Programme
- Lack of staff awareness
- Feminine décor
- Discrimination
- Hetero-normative and cis-normative culture

We have developed a theoretical framework which underpins our on-going project work and informs our thematic analysis with purpose and significance:

- Research Question – What are the perceptions and experiences of NHS Breast Imaging Services in the LGBTIQ+ community

Problems:

- Eligible trans/non-binary people not invited for breast screening
- Persons fear of mis gendering
- Persons negative past experiences in healthcare
- Persons body dysmorphia
- Lack of LGBTIQ+ training for healthcare professionals
- Research gaps and workable solutions

What did the nomination achieve?

From our research we understood that a transformation of our department setting and redesign of our décor was required with sensitivity towards gender diversity and gender neutrality. A neutral colour scheme replaced traditional pink and new leaflets and posters displayed in our waiting areas to ensure cisgender male and gender diverse representation and information is on offer.

Most breast-imaging facilities do not provide staff with any training on trans-gender health issues, and do not have structures to consistently use patients' preferred names and pronouns. We arrange LGBTIQ+ awareness training for imaging and administration staff to inform and improve cultural awareness and humility with a focus on communication skills that are affirming and inclusive. These steps are important to make sure individualised patient care can be delivered and the patient's needs are at the heart of our practice. Communication skills in particular are important to break down healthcare barriers and to deliver care without prejudice or discrimination.

We are collaborating with MTW Diversity and Inclusion team and other hospital Trusts to promote our work and inspire others. We correspond with GPs and charities to promote our work and services to encourage attendance at our clinics. Our work has now started to focus on breast health promotion in community and educational settings and working with charities and manufacturers to ensure appropriate language and graphics are used for inclusivity.

We are developing a 'Health Inequalities Model' to demonstrate effective frameworks to address barriers to healthcare which can be transcribed for all healthcare settings.



NHS Health Check Service – Kent Community Health NHS Foundation Trust

Who has been involved in the nomination?

NHS Health Check Service

Could you describe the nomination and why it deserves a recognition award

The NHS Health Check team deserve recognition for their outreach work they have been doing over the last year. The Health Check team at Kent Community Health NHS Foundation Trust has a dedicated outreach team that endeavour to take Health Checks to hard to reach communities. The team is always finding new innovative ways to deliver checks to the public. This has involved our annual NHS Health Checks "Pub Crawl" where the team set up within a pub and offer checks and blood pressure readings to people within the pub. The team now regularly attend events at the Ashford cattle market offering Health Checks and blood pressure checks to local farmers. The team really go above and beyond and have often worked unsociable hours in order to deliver Health Checks to shift workers at workplaces. Some of these workplace clinics have finished at 1am in the morning in order to ensure all staff are given access to the service. The team have already achieved their set annual outreach Health Check target and they still have a month and a half to go before the end of the financial year.

How did it involve the public/patients?

The NHS Health Checks outreach team have found many ways to get health checks out to the community. This last year we have made use of Kent Community Health NHS Foundation Trusts Public Health Bus which has meant we can offer NHS Health Checks in High streets and outside supermarkets. We also have a good network of community groups and workplaces where we can deliver checks at events and within workplaces, accessing patients who may not have the time or ability to access a NHS Health Check at their GP Surgery. We have regular events at the Nepalese Community Centre in Folkestone and these events are extremely popular with the community. We also do regular events in the warmer months at Faversham's Men's Shed and we have recently arranged events at several homeless organisations such as Catching Lives and the Umbrella Centre in Canterbury and Outreach House in Dover. The Health Checks Team have delivered NHS Health Checks at many workplaces over the last year, including Manston and Dover immigration Centre, Kent Salads, Gomez Ltd, Kent Police, South Eastern Train Stations and many more. As word has spread of the outreach and workplace events, the team is now flooded with requests to visit workplaces and is often booked up several months in advance.

Tell us how your engagement addressed known health inequalities

The NHS Health Checks team have been arranging events using the public health bus and locating these events in places known to have a population with high deprivation. Some of these locations have included Thanet, Swale and New Romney. Health Check events have been completed at several homeless shelters across Kent in recent months. Many of the participants seen at these events were encouraged to see a GP following their check and often this community has very limited engagement with health services.

Another key focus the Outreach team has had is to engage with manual labourers. Several very successful events were held at Kent Salads and Gomez Ltd who have a large proportion of packing staff. A large majority of the staff in these departments are from Eastern European countries. Many of these patients had been in the UK for several years but had not engaged with primary care since their arrival to the UK. The NHS Health Check Advisers found that many of these staff had been put on blood pressure or cholesterol medication in their country of origin but had not accessed their GP within the UK to get these prescriptions reinstated. The Health Check Advisers were able to refer the patients to their GP with their Blood Pressure or cholesterol readings. Some of the readings were so high on the day of the check that the advisers were able to get permission from the staff members manager for the staff to go immediately to their GP surgery.

Another very successful outreach event that has been developed over the last year has been NHS Health check events at Ashford's Cattle Market. These events occur every two months and allows local farmers to have easy access to NHS Health Checks and Blood Pressure checks. This community often don't have time to access primary care. Several farmers within the community have been referred back to their GP for further assessments. One farmer had a cholesterol reading of over 10 and following advice from the Health Check Adviser has since changed his diet and has managed to halve his cholesterol reading. He gave this feedback to the team: "This is clearly a really excellent initiative. I thought I was fit and well, but I might not have been here much longer. I'm a typical farmer and would never have gone for a check-up as I didn't have any symptoms. If a farmer ever rings the doctor and says: 'I don't feel well', you know they really don't feel well." Ed a Kent Farmer, had his HC at Cattle Market in Ashford.

The NHS Health Checks Outreach team have also focused on ensuring people from different ethnic backgrounds have the opportunity to have a NHS Health Check. Regular events are held at the Nepalese Community Centre in Folkestone. The team works closely with BAME Ashford and regularly attends the World in a Tent events. In April the team will be delivering Health Checks and Blood Pressures at the Vaisakhi festival event in Gravesend.

What did the nomination achieve?

At the start of the financial year the NHS Health Checks outreach team were given an annual target to deliver 1380 NHS Health Checks at outreach events and workplaces. This target was reached in February and with still a month and a half to go before the end of the financial year the team are set to over achieve on their target by several hundred Health Checks. So far up to the end of January the team have also completed 1734 Blood Pressure readings on patients who weren't eligible for a NHS Health Check. Patients with high readings were encouraged to see their GP and this will have had an impact on reducing the amount of undiagnosed high blood pressures across Kent.

RECOGNITION FOR EXCELLENCE IN CONSULTATION AND SCRUTINY



Maternity Community Connectors – engaging with vulnerable communities to tackle inequalities in maternity and neonatal care in Kent

Who has been involved in the nomination?

- Kent and Medway Local Maternity and Neonatal System (LMNS), Trish Mugwangi, LMNS Equity and Equality Lead
- Involve Kent, Sonya Richbell, Engagement Officer
- NHS Kent and Medway, Bobbie Walkem-Smith, Engagement and Communications Manager

Could you describe the nomination and why it deserves a recognition award

By giving every child the best start in life, we will help them fulfil their health, wellbeing and socioeconomic potential. Maternity and neonatal services contribute significantly to the health, wellbeing and socioeconomic development of our population. Families from Black, Asian and Mixed Asian backgrounds and those living in the most deprived areas experience significantly poorer outcomes in maternity and neonatal care. This project has engaged them in designing an approach to overcoming maternity inequalities.

A partnership model:

The LMNS is a partnership of organisations across Kent and Medway involved in maternity and neonatal care. An inequalities stakeholder group oversees this project to ensure actions are taken. Membership includes teams from all Maternity units in Kent and Medway, perinatal mental health services, GP Representative, Neonatal Representatives the Maternity Voices Partnership (MVP), and local councils.

A community outreach programme to co-produce an inequalities action plan:

During 2022 we carried out community outreach to target families from Black, Asian and Eastern European backgrounds and those living in deprived communities. The LMNS worked with the ICB engagement team to fund and support local VCSE organisations working with minority ethnic groups and in deprived areas to seek the views and experiences of families who have used maternity services. Key themes in the feedback included lack of trust in services, poor communication and barriers to accessing antenatal care and education.

At the end of the engagement those managing and working within maternity services community organisations and those with lived experience came together at a workshop to design a perinatal equity and action plan.

Maternity Community Connectors:

A key finding from our community outreach was a lack of trust about services as well as a lack of accessible and appropriate information. We are running an 18-month pilot programme in Dartford, Gravesham and Swanley to recruit and train volunteer 'Maternity Community Connectors'. Maternity Community Connectors are individual volunteers embedded within communities working with a dedicated engagement officer to:

- Collect qualitative data around maternity experiences to be thematically analysed and shared with stakeholders to encourage system change.
- Disseminate information within target communities including the importance of attending scans, appointment information to encourage and enable more women to access care.

The engagement officer has developed relationships with local maternity stakeholders and with a range of community groups and individuals to collect over 300 narratives. Dedicated information packs have been created and Connectors have received briefing and training. We learned from early challenges, widening the role to better suit women who had recently given birth, and changing the information we gave out.

National recognition:

This programme demonstrates:

- successful partnership working at all levels
- an action-based community led approach to listening
- and a grassroots embedded approach to change.

The programme has been recognised as successful through an NHS England assessment of Kent and Medway, and Trish, Bobbie and Sonya were invited to speak at two national conferences.

How did it involve the public/patients?

Trusted community partners worked with us to hear from over 350 people who had used maternity services in Kent and Medway:

- Compas: the Roma community in East Kent
- The Gr@nd: ethnic minority communities in Dartford, Gravesham and Swanley
- Medway Diversity Forum: ethnic minority communities in Chatham, Gillingham, Rainham, Rochester, Strood
- Diversity House: people from less well-off communities in Sittingbourne, Isle of Sheppey and Faversham
- People Dem Collective: ethnic minority communities and people from Eastern Europe in Margate

The groups reached out into families with relevant experience, carried out interviews, ran discussions and described what they had heard. We also carried out outreach through Childrens centres and hospital trusts. All the experiences were collated into a series of recommendations which were then put to the LMNS and discussed at a collaborative planning workshop.

Building on this the Maternity Community Connector programme has worked in over 40 locations in Dartford Gravesham and Swanley collecting narratives from over 300 people, two thirds of whom were from BAME communities. Ten community connectors have been recruited and trained to discuss maternity and neonatal care amongst families, friends and the community and to disseminate information and feed experiences back.

We have heard instances of poor-quality inconsistent care and not being listened to, feeling discriminated against and experiences of poor communication. We also heard about good experiences and consistent, responsive and caring support from midwives and other staff.

Tell us how your engagement addressed known health inequalities

National statistics show that people from Black, Asian and mixed ethnicity backgrounds as well as those from the most deprived communities experience poorer maternity and neonatal health and have poorer outcomes.

- Black and Asian women are four times more likely to die in pregnancy than white women
- There are higher stillbirth rates amongst Black and Asian communities, those who are over 35 and those living in deprived communities
- These communities also experience higher neonatal mortality rates, together with people who are under 25.

Analysis of Kent and Medway maternity data has been consistent with these findings. In particular:

- There is a higher proportion of deliveries before 27 weeks from those from non-white ethnic groups, contrasting deprivation deciles 1, 2, 9, 10, and those aged under 20
- Pregnant women identified with complex social factors at booking appointment are observed to be higher in those living in deciles 1,2,3, and/or of Black, Asian, mixed or other ethnic groups
- Trusts with a higher proportion of women from Black, Asian, mixed or other ethnic groups tend to have lower proportions of women accessing antenatal care early.

Equity means that all mothers and babies will achieve health outcomes that are as good as the groups with the best health outcomes. For this, maternity and neonatal services need to respond to each person's unique health and social situation – with increasing support as health inequalities increase – so that care is safe and personal for all.

This project has targeted families from these specific communities to find out their experiences and to work with them on solutions. This has often involved hearing harrowing personal stories as well as spending time to gain the trust of people who were unlikely to speak to statutory organisations. Reporting from community groups and from the community connector outreach has been open and honest about the barriers, challenges and instances of discrimination.

“Not understanding only little English. Did not understand what induction and c-section is, no pain relief. My baby gave bottle milk – I want to feed from me – better.” (Compas)

What did the nomination achieve?

So far, this project has achieved:

A co-produced equity and equality action plan monitored by a cross-organisation steering group.

A strong body of evidence around recent experiences of maternity and neonatal services from diverse communities.

A successfully piloted cohort of community connectors – trusted volunteers demonstrating the value of delivering information and getting feedback.

Practical actions for change. The recommendations from communities have all been responded to with commitments in a published report [here](#)

For instance we were told about lack of translation and language problems, we are reviewing current provision of available translators across each Trust to ensure there are more available.

You told us about getting poorer treatment because of race or skin colour with Black and Brown women told by health care professionals that they had a higher pain threshold. We commit to ensuring all staff partake in regular cultural competency training and to a package of support for families.

Our engagement officer is clearly making a difference:

“I strongly encouraged a mum of newborn twins [to seek medical help] as one of the twins was really struggling with congestion but was told by her aunt it was normal..... I’m so happy I remembered our conversation Sonya, that sometimes we wait too long to contact the relevant services and rely on advice from elders instead ... If I wasn’t a connector, I wouldn’t have had the information or the confidence to help that mum and baby”

Connector, Dartford



Medway & Swale Health and Care Partnership Health Catalyst Programme

Who has been involved in the nomination?

Partnership approach between:

- Medway and Swale Health and Care Partnership Team
- Medway Voluntary Action
- Swale Community and Voluntary Services

Could you describe the nomination and why it deserves a recognition award

The programme was commissioned with the intention of engaging and actively listening to seldom heard communities, allowing the system to truly understand what health inequalities look like for our communities. It is understood that the VCSEF are in a better placed position than statutory organisations to engage with such communities, due to the lack of trust in statutory bodies.

The programme is not only listening to people and feeding this insight into the Health and Care Partnership, but also supplying organisations and individuals with asset plans and signposting, including the ability to support a small amount of social prescription for individuals requiring specific intervention. There is also a larger pot of funding which enables organisations to apply for funding, supporting increased VCSEF funding and activity.

How did it involve the public/patients?

The programme in its entirety is based on engagement with the public, in the Health and Care Partnership areas of high deprivation, and with a focus on health inclusion groups.

Tell us how your engagement addressed known health inequalities

The engagement is beginning to address health inequalities through gathering the insight on what these truly are. The information from the engagement is being fed into the Health and Care Partnership and therefore beginning to inform the social regeneration agenda at place, as well as addressing any specific concern with the health system. Though overwhelmingly, the issues that are being heard sit within the wider determinants of health, and are predominantly around community and belonging.

What did the nomination achieve?

The programme has engaged with over 1000 people from health inclusion groups, listened to and heard over 250 people, signposted 194 individuals and provided local asset and signposting reports to all involved in the listening events. Three organisations have been funded for larger projects through the community chest fund.

RECOGNITION FOR EXCELLENCE IN INFLUENCE BEYOND OUR BORDERS



NHS Kent and Medway Young Adult's Mental Health and Wellbeing Conference 2023

Who has been involved in the nomination?

- NHS Kent and Medway Children and Young People's ICB (Mental Health)
- Claire Murdoch - NHS England's National Mental Health Director
- Dame Eileen Sills - (Now former) Chief Nurse for K&M ICB
- Hundred of Hoo school
- EK360
- Kent University students
- TONIC (Dr Amanda Carr)
- Prysm
- Faversham Counselling Services
- Canterbury Christ Church University (Lucie Duncan)
- Moving Forwards project (Involve)
- Porchlight and KCC participation workers (YAP, BeYou and Emotional Wellbeing KCC)
- Repton Connect Community Centre (Charlie)

Could you describe the nomination and why it deserves a recognition award

In May 2023, we held a conference to speak about young people's mental health and wellbeing. We had 90 attendees, a third of which were young people. The rest were commissioners, heads of services, VCSE partners, local authorities. The event was co-produced with young people and was a huge success.

We had various presentations from young people, universities, VCSE organisations, Talking Therapies services and TONIC, who have co-produced training for the mental health workforce concentration on young adults and their transition to AMHS experiences.

Claire Murdoch, NHS England's National Mental Health Director, recorded a speech for us to play on the day in her absence, and she recognised the great work going on across Kent and Medway and Dame Eileen Sills, who at the time was the Chief Nurse for K&M ICB came to give a speech and highlighted the importance of being kind

How did it involve the public/patients?

Young adults helped to co-design the day as well as co-run it. We had amazing presentations from some of the young adults and we had others that helped out with operational tasks on the day. We also had some young adults from the University of Kent who did comms throughout the day and produced a video of the event.

Tell us how your engagement addressed known health inequalities

Young adults were involved throughout the conception to delivery of the event. The event gave them a voice that was genuinely heard and that went to and was discussed with the decision makers across Kent and Medway.

What did the nomination achieve?

System wide conversations around young adult's mental health. The event sparked ongoing conversations with young adults and decision makers and their views have been embedded in work going forward.

RECOGNITION FOR EXCELLENCE IN COLLABORATION



Health Equalities Programme

Who has been involved in the nomination?

Social Enterprise Kent, East Kent Health Care Partnership, East Kent VCSE Alliance

Could you describe the nomination and why it deserves a recognition award

Running since September 2022, this National Lottery Community Funded programme aims to improve the health and wellbeing of communities across East Kent and reduce health inequalities. It is doing this by building effective and sustainable partnership working between the VCSE sector, the NHS, and Local Authorities, based on an understanding of local communities' assets and needs.

This programme has strengthened the capacity of VCSE sector to engage with health partners, through the East Kent VCSE alliance, which is comprised of over 30 VCSE leaders across East Kent. The alliance ran a 'meet the sector' and 'commissioning the VCSE sector' workshops, which brought together strategic leaders from VCSE and health sectors alongside commissioning teams from Kent County Council and Kent and Medway ICB. The 'meet the sector' event brought people together to network and develop relationships to discuss some of the pressing health inequalities facing East Kent. From this event, we later held the commissioning workshop, which focused on the impact the VCSE sector can have in supporting the NHS long term plan and what effective commissioning looks like, as well as the opportunities and blocks.

The programme has facilitated increased engagement and involvement with the East Kent Health and Care Partnership (HCP), including VCSE representation on the HCP Board and other key boards that form the governance structure of the HCP. The alliance has also held various meetings themed around engagement work, consulting around the integrated care strategy, as well as the East Kent HCP health equality programmes and estates strategy. The East Kent HCP have also attended to discuss the procurement framework they are developing, which will be developed in partnership with the Alliance. We are also actively involved in their comms and engagement group, improve comms and better highlighting the work local VCSE organisations are doing to support underserved communities.

Another area of the programme is to increase awareness of the value the VCSE brings, so we have also developed an NHS/VCSE buddy scheme. The pilot has the following aims:

- Space and time are created to develop systems and practical processes that will build relationships.
 - Health and care staff have a better understanding of how wider determinants affect health, and the role of VCS services in addressing health and wellbeing.
 - Provides a bridge to show the role and value the VCSE sector brings. Direct way of bringing ideas from VCSE into thinking at ICS/HCP level.

6 partners are involved in wave 1 of the scheme, and it is being used to promote national learning through the Voluntary Partnership team at NHS England.

How did it involve the public/patients?

The programme is focussed on developing relationships between organisations however one output of the programme is the Community Engagement training which highlights the importance and understanding of meaningful community engagement and how to achieve it. This training has been developed from our nearly 40 years experience of working with people in the community.

Tell us how your engagement addressed known health inequalities

So far, we have been able to fund a range of organisations to set up peer support groups to those facing long term health conditions, as well as projects to help the people they support unlock better access to healthcare. This could be through helping individuals manage their health condition better outside of a clinical setting, reduce the barriers faced to accessing healthcare, and/or to improve health messaging and signposting to further support.

Examples of projects this programme was able to fund include:

Compas: Here 2 Help- this project aimed to improve access to health, to increase awareness of health services in Thanet and enable people from Roma and Eastern European communities to gain more confidence in accessing such services. The project ran for 6 months, and they held a range of drop-in sessions and activities, such as a coffee morning with the local PCN, and zoom fitness classes.

The classes ran weekly and around 25 people attended each session. Many reported to have lost weight, and that the group helped their mental health and motivation, due to the support system it provided. The coffee morning drop-ins also had some successful outcomes, as the nurse was able to diagnose some community members with high blood pressure and gynaecological issues, who otherwise would have ignored their symptoms and wouldn't have accessed their GP.

Lighthouse on the Marsh: will be rolling out an integrated diabetes intervention programme which is centred around peer support and uses a combination of psychoeducation with therapeutic activities.

Faversham Networking Group: this group comprises several local VCSE organisations within the town and surrounding areas. Their aim is to develop working relationships between these groups and build a strategic approach to improving resources and service delivery and support the most vulnerable within their community in partnership with the local health services.

What did the nomination achieve?

18 months in, this programme has been a catalyst towards better embedding the VCSE sector into emerging health structures at place level. The sector is now being seen more as a strategic, equal partner, and health and statutory sector partners are more aware of the value of the VCSE sector and local community groups, with formal recognition of bodies like the East Kent Alliance as a leadership body to engage with on health and care services and commissioning.

Through this programme, there has also been the creation of local support groups where these previously did not exist, and some marginalised communities in East Kent are starting to feel more able to engage with, and influence, health activities and decisions which affect them.



The End of Life (SWAN) Volunteer Service

Who has been involved in the nomination?

- Sarah Eastwood, Interim Patient Experience Lead
- Anne-Marie Stevens-Swain, Voluntary Services Manager
- Emma Topham, End of Life (SWAN) Volunteer Coordinator
- Shelley Badcott, Lead Nurse for Palliative and End of Life Care
- Liz Prior MBE, Founder and CEO, Anne Robson Trust

Could you describe the nomination and why it deserves a recognition award

Often, the most important care we give will be to patients at the end of their life. But many will die alone on a busy ward, spend long periods on their own, or have little company in hospital. The SWAN project was implemented to enhance care at our hospitals for people approaching the end of life and provide support to their families and to staff.

The Voluntary Services and Palliative Care teams within the Maidstone and Tunbridge Wells NHS Trust (MTW) are working in collaboration with the Anne Robson Trust, a nationally recognised charity (Reg no 1178352), to provide a bespoke service providing highly trained, specialist volunteers who are able to provide compassion, comfort and emotional support for people nearing the end of their life in hospital and their loved ones, at such a challenging time in their lives. The aims of the service are to:

- Improve End of Life care by supporting effective communication between patients, their families and their clinical teams in line with the Trust's 'End of Life Care Action Plan'.
- Provide our clinical staff with reassurance, support and confidence so that, working as a team, the patient is appropriately supported through the dying process.
- Demonstrate we are a caring and compassionate organisation in line with the Trust's values by providing appropriate support for patients and their loved ones, at a difficult and emotional time.

How did it involve the public/patients?

Our volunteers give compassionate companionship to patients as they approach the end of their lives. They can provide support through being a regular visitor for those who may not have close family or friends, or by giving family members the opportunity to have a break. They support in the following ways:

- Sitting quietly by the bedside, so the patient knows they are not alone, by reading a favourite book to them, playing music or simply holding their hand.
- Sitting with the patient whilst their loved ones take a break.
- Ensuring visitors are aware of services provided by the hospital to families of dying patients.
- Providing hot drinks for a patient's visitors, and someone for them to talk to.
- Advocating for the patient, and liaising with staff where appropriate.
- Arranging pre-paid car parking tickets and providing information.
- Providing a canvas SWAN bag, which contains an information pack (introductory letter about the service, information about the Chaplaincy service, useful local information and a leaflet about the dying process), a SWAN notebook and pen to record thoughts and memories, a packet of forget-me-knot seeds, heart key ring with a push out heart which can stay with the patient and an organza bag to keep a lock of hair or jewellery.

Tell us how your engagement addressed known health inequalities

People from the most deprived backgrounds are more likely to be socially isolated, lack support and are therefore more likely to die alone. For many hospital patients at the end of life, having no family or friends to come and visit them increases their stress, isolation and loneliness. NHS England states that to address inequalities in palliative and end of life care, "dying well wherever you are and whatever your background or circumstances are fundamental aspects of human dignity. As part of a compassionate humane society, we need to do everything we can to make sure that people who are facing their last months, weeks and days of life receive the best possible palliative and end of life care. Those who care for them, including their families, others important to them and staff around them, equally deserve this consideration and support."

The SWAN volunteers work to address this inequality, ensuring that everyone has access to support and company towards the end of their life. The project also provides equitable care and compassion for patients and their families who die in our care and supports a personalised approach to end of life care including making a patient's stay more comfortable, in a way that is important to them.

What did the nomination achieve?

Our clinical teams value the work the volunteers do to support the emotional needs of patients at the end of their life, as well as empowering families so they feel they have some control during this time. Feedback from patients, families and ward staff has been very positive. The Trust currently has 26 recruited and fully trained volunteers supporting the SWAN service, though not all are active at this time. In August 2023 following a CQC inspection, they highlighted in their report the positive impact the service has had at MTW. The service is a key part of the Trust's 'End of Life Care Action Plan'. The service has also received praise from family members as well as a number of donations to MTW Charities.

Number of patients supported: 158

Total number of visits: 260

Number of visitors supported: 332

Total time gifted by volunteers: 493 hours

Below is a selection of our feedback which shows the impact the service has had:

"What a wonderful service! As an only child with sole responsibility for two children it has been such a comfort to know that volunteers are coming in to see dad and keep him company. The bag of information and gifts is lovely. Thank you for all you do."

"I want to say thank you for the support that the 3 volunteers who came to see my mum. They were pleasant and kind and helpful, especially when I was alone with mum. Keep it up with this service, I think it will help lots of families in such a sad time. God bless you all."

"I just want to thank you so much for being so amazing. You were a total god send. Your service is the best thing about the hospital in my opinion."



Porchlight, Pathway, and Kent & Medway's Integrated Care Board – Pathway Project

Who has been involved in the nomination?

- East Kent HCP contributing a GP, lead nurse, and safeguarding practitioner.
- Porchlight contributing a Housing Worker / Care Connector.
- Canterbury City Council contributing a Local Authority officer with specialist housing knowledge.

Could you describe the nomination and why it deserves a recognition award

This collaborative project between the local Integrated Care Board (ICB), independent health charity Pathway, and Porchlight is changing the way people experiencing homelessness receive hospital care. Through a multidisciplinary and trauma-informed approach between specialist health and wellbeing professionals the revolving-door cycle is being broken and lives are being transformed.

The initial 6-month collaborative pilot was launched in Margate's QEQM Hospital, the site chosen due a higher proportion of homeless admissions to A&E and Emergency Departments than the remainder of the trust sites.

This is unsurprising to those familiar with the challenges faced in Thanet, which has one of the lowest GP to patient ratios, the lowest rates of social tenancies, a higher dependence on the private rental sector, and higher proportion of individuals with limiting long-term illness/disability in the country.

The team initially consisted of four professionals dedicated to building bridges between siloed services in order to address disproportionate health inequalities. The impact of each individual amplified through the collaborative approach:

- Clinical Lead: GP who assesses patients and establishes their clinical needs.
- Lead Nurse: An expert complex case manager and Homelessness Adult
- Safeguarding practitioner who supports the GP and gives guidance to healthcare colleagues to ensure patients receive the full benefit of admission.
- Housing Worker/Care Connector: a homelessness professional with a trauma-informed approach. Offering 6 weeks of outreach support and reintegration work such as GP registration, benefits guidance, referrals to required services and signposting to supportive offers.

The benefits of the pilot were clear, with three-quarters of people who were rough sleepers upon entering the service being discharged into appropriate accommodation. The results also found:

- 72.8% of eligible patients had a duty to refer completed
- Practical support was accepted by 75% of patients
- 50% of patients accepted information on local services
- Temporary Accommodation placements increased by 467%

“I’ve been on a roundabout for years without being able to get off without hurting myself. I can now move on” – Pathway Patient.

In their review, the pilot review board acknowledged that without continuation there would be an increased strain on primary and secondary care services. With homeless individuals being at increased risk of intensive care stays, longer stays, a reduction in discharge support, and poorer mental and physical health outcomes.

As a result, the ICB committed a further years’ funding plus expansion to reach across all of East Kent’s trust sites, a full-time administrator, and a full-time Local Authority officer with specialist housing knowledge.

At a time when health services are struggling to meet the needs of their increasingly complex clients, the pathway project brings great success and life-changing results. “You’ve released the pressure and given me space to breathe”. – Pathway Patient

How did it involve the public/patients?

We co-design services with NHS, public health, local government, the voluntary sector, and those with lived experiences to ensure strategies are equitable and pursue innovation.

Clients are at the centre of the work of both Pathway and Porchlight, designing services with input from people who have lived experience of homelessness and post-implementation continuously seeking improvement through feedback and evaluation.

The small size of the team enables a cohesion not often available in other services. Direct feedback from the clients, combined with reflective practice, enables the team to identify opportunities for longer-term, interdepartmental, or multifaceted adjustments. Immediate client benefits include the ability to react to with agility and compassion; and striving to reduce the likelihood of re-traumatisation through the sharing of information, rather than asking patients to repeat their histories.

The Pathway work and hospital model is co-produced with Pathway’s Experts by Experience. Speaking at Pathway conferences and participating in training sessions for newly formed hospital teams; the group keeps those involved grounded in the mission and connected with the organisation’s aims.

Tell us how your engagement addressed known health inequalities

Typically, individuals have been discharged from hospital back to the streets, and the revolving door continues, usually with worsening effects for the person involved.

The team’s understanding of homelessness and trauma within medical settings is essential to the work as it enables them to provide concurrent and coherent support to those most at risk. Their coordinated approach strengthens links between the statutory and third sector groups involved; raising awareness of the challenges faced by people experiencing homelessness and providing routes to improved health outcomes and reduced frequency of reattendance and admission.

As the team and service grows, so does the potential to make a lasting impact on the lives of vulnerable and homeless people within East Kent. The following outcomes have been achieved just within the last quarter:

- 9 of 15 clients without a GP were supported to register
- 95.7% received holistic and care plan assessments
- 43% reduction in rough sleeping
- 20% reduction in sofa surfing
- 125% increase in Temporary Accommodation accessed

Case Study of Patient B – 3 referrals

Patient B is a 34-year-old White male (non-British). The patient was identified as having mental health and substance misuse support needs, as well as safeguarding concerns. The patient was first referred on the 20th of July as an inpatient and at that point was staying temporarily with friends. The team noted that the patient was already awaiting supported accommodation and supported the patient with information about local services and other practical support.

The patient's second referral was on the 9th of August, after attending A&E. By this point that patient was sleeping rough. The team was able to connect the patient with a Porchlight coach to find suitable supported accommodation – however the patient was discharged to the street before accommodation could be sourced.

The patient's third referral was the 9th of September, again after attending A&E. Despite being initially discharged again to the street, the patient was offered a supported accommodation placement not long after. No further hospital attendances/admission were recorded.

Without the perseverance and intervention of the team, it is likely that this patient would have continued to be frequently admitted to hospital and discharged to the street without proper consideration of their care and support needs.

The team's understanding of homelessness and trauma within medical settings is essential to the work as it enables them to provide concurrent and coherent support to those most at risk. Their coordinated approach strengthens links between the statutory and third sector groups involved; raising awareness of the challenges faced by people experiencing homelessness and providing routes to improved health outcomes and reduced frequency of reattendance and admission.

What did the nomination achieve?

This project is evidence of a better way in which safe and considered discharge gives hospital care a legacy, maintaining individuals' wellbeing long after they have left.

In addition to the undeniable positive outcomes for their own patients, the team serves as a valuable resource for NHS colleagues assisting hospitalised clients facing homelessness. Their commitment to making a positive impact drives them and inspires others in the process. Their thorough understanding of the effects of homelessness and knowledge of local resources places them in the ideal position to educate others, including routes to support and best practice.



The Weald PCN Mental Health Multi-Disciplinary Team

Who has been involved in the nomination?

Dr Becky Prince, Dr Sarah Westerbeek, Dr Justin Charlesworth, Louise Nixon, Morgan Glazier – West Kent Primary Care, The Weald PCN, West Kent Health & Care Partnership, Involve, West Kent Mind Lived Experience Group, KMPT, KCC, KCHFT.

Could you describe the nomination and why it deserves a recognition award

There are often complex factors contributing to mental illness, including issues with relationships, housing, employment, substance use and physical illness (Mental Health Foundation, 2016). Providing holistic, integrated care with other agencies is proposed as an effective way of optimising recovery (NICE, 2016). Currently care for those with mental health problems is provided by organisations largely working in isolation of each other (NICE, 2016). Therefore a model of multi-disciplinary, holistic care was proposed within the Weald PCN in West Kent to improve outcomes for individuals who are high frequency users of primary care and have current mental health problems. West Kent Health & Care Partnership (WKHCP) have developed a collaborative, system wide, clinically/primary care led project to implement a Mental health Multi-Disciplinary Team service (MDT) in The Weald PCN that enables a more holistic patient centric approach to treating mental health conditions.

The Mental health MDT is a meeting that brings together a range of professionals from a core group of specialist providers. The development of this MDT format was informed by primary care, mental health, social care and voluntary and third sector organisations and aims to provide personalised, joined up care for patients who are frequent attenders of Primary Care due to mental health problems. The project team ensured that the project was developed in collaboration with patients with lived experience to ensure that the setup of the service was co-designed with local residents that had first-hand experience. The reason this initiative deserves a recognition award is because the MDT model has been successfully developed and implemented in the PCN for 12 months and has supported over 120 patients. The initial evaluation of the service is already showing a clear impact. It has resulted in a 54% reduction in GP attendances, a 61% reduction in A&E attendances and based on patient feedback; an improvement in the quality of life of the patients that have completed the MDT model. The implementation of the MDT model has also improved Integration of Primary, Secondary and Third Sector Organisations and improved the management of care for this cohort of patients.

How did it involve the public/patients?

When the MDT model was being developed a project team made up of stakeholder from various local health and care organisations was established. We needed to develop a mental health MDT model and as far as we know, this hasn't been done before so engaging with a range of stakeholders was vital to ensuring that we were developing a model that would meet the needs of the residents of West Kent. During the development of the MDT model we worked closely with the West Kent Mind lived experience group who provided valuable input based on their lived experience of accessing mental health services and the challenges that patients face navigating and understanding the system and support that they can expect to receive. The clinical model was co-developed and then signed off and approved by the members of the West Kent Mind lived experience group. The most valuable element of working with this group of residents was being given the opportunity to listen to the different experiences that they have had journeying through mental health pathways and services and to understand how the challenges within this process can impact an individual. This learning enabled us to develop a model that enables a truly holistic, person centred, wrap around model of care.

Tell us how your engagement addressed known health inequalities

High intensity users often have a very complex interaction between psychological, physical and social needs. The MDT is designed specifically to bring together professionals who are able to address all of these needs. It is only by addressing all of these issues that we can improve patient well-being and reduce frequent GP attendance. These High Intensity Users often fall between the gap in services and engaging with residents with lived experience enabled us to understand how and why this might happen and the detrimental impact that this has on an individuals mental health. The needs of this cohort of patients cannot effectively be managed in general practice alone, especially given current constraints on time and resources in primary care but often their psychiatric needs are not acute or severe enough to warrant review in secondary care. The MDT service looks to fill this gap, reducing health inequalities by allowing these patients to access the right help, by the right professionals in a geographical location that is local to them.

This proposal directly targets people with mental health issues, or are at risk of developing mental health issues. The MDT will be supporting residents of West Kent that are potentially in the most deprived 20% of the local population. They may have severe mental health issues, learning disabilities and multiple long-term health conditions and it was identified during the development of the MDT model with lived experience input, that having a customised multi disciplinary team of specialist services specific to the needs of each individual patient will help to bridge the gap and offer a greater level of support for these patients than is currently available.

What did the nomination achieve?

Following a patient being referred into the MDT service, each patient attends an initial assessment and at this stage are asked to complete the dialog+ questionnaire which is a tool used within mental health services to measure subjective quality of life. The average initial dialog+ score is 40/77. Patients are asked to complete a 2nd questionnaire when they have completed the MDT pathway. The average score at this stage is 54/77. This indicates that patients are noticing a significant improvement in their quality of life following the support they have received from the MDT.

As a part of this feedback capture, we also asked patients 'How satisfied are you with..:

1. The meetings that you have with mental health professionals' From initial assessment to discharge, patient satisfaction increased by 77% for this question.
2. The practical help that you receive' From initial assessment to discharge, patient satisfaction increased by 34% for this question.
3. Your medication' From initial assessment to discharge, patient satisfaction increased by 63% for this question.

The MDT has supported over 120 patients so far and has resulted in a 54% reduction in GP attendances and a 61% reduction in A&E attendances for the patients that have completed the MDT pathway.

Another achievement of the MDT is that a scalable model has been developed that is going to be rolled out in other PCNs in West Kent and potentially across Kent & Medway so that more people can benefit from the offer of support that the MDT model enables.

CPCS/PHARMACY FIRST

Who has been involved in the nomination?

LPC/ICB

Could you describe the nomination and why it deserves a recognition award

The LPC focussed on improving the use of the community pharmacy consultation service across Kent and Medway, in particular referrals from General Practice (GP). The LPC helped support training of staff within GPs to ensure referrals sent through are appropriate and within the remits of community pharmacy care. The LPC team also supports with upskilling Pharmacy staff to accommodate for the increased patient volume.

The LPC team receive reports run by the ICB which provide daily data of service provision across our patch. This process is in place to ensure referrals are actioned in a timely manner, and to analyse healthcare trends across Kent. The ICB and LPC also meet weekly to discuss the reports and any feedback received from practices.

This service has been integral across the PCN to help build great clinical relationships between healthcare providers, as well as increasing accessibility to clinicians for our patients. A great example of successful collaborative working!

How did it involve the public/patients?

The community pharmacy consultation service allows for GPs to refer patients to a community pharmacy when they have no more appointments available. When the pharmacist conducts a consultation, the notes and findings are then feedback to the Doctors surgeries and the patient record can be updated accordingly. It greatly improves access to healthcare for patients across Kent.

Tell us how your engagement addressed known health inequalities

Across Kent we have a shortage of GPs and this in turn affects our populations access to a clinician, often meaning long wait times and lack of appointments. By encouraging use of this service it provided another avenue to route patients which mean they had quick access to advice from a trained health care professional. It also frees up GP capacity to deal with those more complex patients that require more in-depth clinical input.

97% of pharmacies opted in to collaborate with GPs to provide consultations for minor illness to patients that can't be attended to at the surgery. This means that there was access to a healthcare professional even in our most deprived areas. An area to highlight particular is the densely populated Chatham area, this population is known to be deprived and have poor health literacy. Surgeries across this patch referred into the community pharmacy consultation service more than 5,000 times, meaning that those who couldn't be accommodated by GP surgeries were given an alternative route to be provided support with their healthcare needs.

The longer opening hours of pharmacies mean that patients who can't attend the surgery during work hours e.g. shift workers, students etc then have more access to health advice and no longer disadvantaged.

What did the nomination achieve?

On average per month across Kent and Medway we saved more than 250 hours of GP time saved which is equivalent to approximately £11,000 GP cost saved monthly. This is a fantastic saving, which is forecast to continually increase as the service expands. According to data from the last 3 months of service across Kent and Medway, less than 10% of consultations required referral back to the GP for further treatment, meaning that over 90% of these consultations were dealt with in house by the community pharmacy. Statistics shows that just over 50% of consultations end with the patient just requiring advice, this saves a lot of GP time, freeing up resources to be utilised elsewhere. These funds can then be allocated into GP services that require it the most and allowed practices to free up capacity for their more vulnerable patient groups. Our continued efforts with the ICB mean that Kent and Medway produced the highest volume of referrals across the South East region for 6-months running – an amazing achievement. This momentum has then carried through with the implementation of the Pharmacy First service, which broadens the horizons even more for our patients having access to care and treatments. We have had over 5,000 referrals into pharmacy recorded within the first 4 weeks of service, we're hoping this value continues to grow.



East Kent Health and Care Partnership Winter Well Events

Who has been involved in the nomination?

Following the success of 2022's Winter Well event in Folkestone and to support our east Kent communities through a challenging winter, East Kent Health and Care partnership organised two Winter Well events in Dover and Thanet in community venues in areas of highest deprivation in November 2024. The aim of the events was to provide the public with as much information to help them keep well over the winter months.

These events were organised in partnership and on behalf of the East Kent Health and Care Partnership (EKHCP) by the Communications Team from Kent Community Health NHS Foundation Trust, colleagues from the EKHCP Wellbeing Health Improvement Partnership including Dover and Thanet district councils and Social Enterprise Kent.

Could you describe the nomination and why it deserves a recognition award

Key messages and services on offer at the events included:

- advice about eating well, cooking on a budget, stopping smoking, staying active
- catch-up children's flu vaccinations, school health, health visiting and dental health outreach to support families
- hundreds of free winter woollies, donated by colleagues from the organising partners, were available for people who needed a little extra help to stay warm this winter
- local voluntary and council help with how to cope with rising costs of living, carers' support, staying safe and social inclusion.

Venues were determined based on proximity to natural town centre footfall, in local community venues by recommendation from council partners and in the case of the Margate event, to coincide with the annual Margate Christmas Fair.

How did it involve the public/patients?

The audiences for each event were expected to be different and the events were adapted accordingly. In Dover, we anticipated a broader age range of people would attend, from families, attracted by the offer of catch-up flu immunisations and the Dover local Pantry, to older people interested in the support available from Carers UK and the One You Kent Service.

The Margate event was heavily geared towards families, with the footfall expected to mainly include people with children aged 13-and-under due to the on-site Santa's Grotto.

Outcomes included the following

- More than 600 people attended (140 Dover, 460 Margate).
- 25 contributors across the NHS, community and voluntary services.
- 53 flu vaccines given to school-aged children and a number booked in to have theirs at a school clinic.

- More than 150 people engaged with the One You Kent Team for stop smoking and lifestyle advice and eight health interventions took place (health check/health MOT).
- Oral health team spoke with 117 people, providing free toothbrushes, toothpaste and advice.
- More than 200 families supported with healthcare advice for children and young people and referrals to food and financial support services.
- More than 400 winter coats, hats, gloves and scarves and 250 hot drinks given to people.
- The events were also a fantastic opportunity for multiple partners to network with one another and exchange information that could be utilised in the community beyond the winter well events. Partners reported how helpful it was to have contact details and good understanding of other service offers.

Tell us how your engagement addressed known health inequalities

The events were targeted in areas of high deprivation where we know people experience the highest health inequalities. In Thanet, as an example, has the lowest life expectancy across Kent where the average man is not predicted to reach their eighties.

In addition to the above there were a number of refugees attended the Thanet venue and homeless people attended the Dover event. The refugees needed clothing which was given to them on the day and following this a clothing bank offered to attend the hostel where they were living to provide other clothing items such as shoes, jumpers and trousers which were not available at the event. Furthermore, the homeless population experience inequalities in accessing health care so these events were an opportunity to provide easier access to services directly in one place.

The team collated case studies and feedback from the people that attended and here are some of the comments

“My son takes medication for an underlying condition. I spoke to the KCHFT immunisation team and they advised me to book him into a clinic to have an injected vaccine, as the nasal spray isn’t appropriate for him”.

“The school sent an email to let us know they were offering the jabs here today, which was great for us. I thought YES! My prayers have been answered.”

What did the nomination achieve?

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An Inspector Calls

Who has been involved in the nomination?

KMICB would like to offer a huge thank you to internal colleagues and system and national partners for supporting the events and helping to make them a success: Medway Foundation Trust; Kent and Medway Screening & Immunisation Team; Bath, North East Somerset, Swindon and Wiltshire ICB; Agilio Software; Pathology IT, Dartford and Gravesham NHS Trust; South, Central and West Commissioning Support Unit; Ellenor Nursing Team; Kent Community Health NHS Foundation Trust; Maidstone and Tunbridge Wells NHS Trust; Talking Therapy Service; Healthwatch Kent and Medway; East Kent Hospitals University Trust; Kent Surrey and Sussex, Academic Health Science Network, Patient Safety Collaborative; NHS Resolutions; KMICB Maternity and Neonatal team; KMICB Data Protection team and Primary Care colleagues for providing, feedback, comment, sharing learning and supporting a number of the webinars.

Could you describe the nomination and why it deserves a recognition award

During January 2022, the Care Quality Commission (CQC) restarted their onsite inspection schedule for GP primary care. which saw an increasing number of practices rated as requires improvement or inadequate. It became clear that practices were struggling with the increasing demands made upon them whilst recovering from the efforts undertaken to manage the covid pandemic response, which had impacted both primary and secondary care significantly.

How did it involve the public/patients?

To support with this, Kent and Medway Integrated Care Board (KMICB), formerly Kent and Medway Clinical Commissioning Group (KMCCG), subject matter experts from Quality, Medicines Optimisation, Looked After Children, Safeguarding, Infection Prevention and Control Patient Safety and the Training hub met to initiate a programme of work to support practices.

Tell us how your engagement addressed known health inequalities

The teams trawled through all the recently published CQC reports, specific to Kent and Medway, to identify common themes of low compliance, and began to draft a supportive document, titled, When an Inspector Calls. The teams worked diligently to produce a document full of advice, guidance and recommendations that would assist practices to improve internal governance processes, to support improvement of patient safety and experience – and the management of long-term conditions, especially for those that are hard to reach or vulnerable.

What did the nomination achieve?

Once drafted, and reviewed, by internal and external partners, including a small group of practice managers, the document was finalised and circulated to all GP practices across Kent and Medway. Following this a Task and Finish Group was set up to identify if there was any further support that KMCCG/KMICB colleagues could initiate to support primary care colleagues further. This led to, amongst other initiatives, the development of a suite of Advice and Guidance Webinar events, around a range of subjects, including digital inclusion and the Accessible Information Standard, spanning the whole of 2023/24 to further support primary care colleagues to deliver safe and effect care. The events, thirty in total, have demonstrated an absolutely amazing example of collaborative working at its best, between internal and external partners who came together to produce a library of resources to support primary care colleagues.

RECOGNITION FOR EXCELLENCE IN EMPOWERED COMMUNITIES



Hypertension Heroes

Who has been involved in the nomination?

Fusion Healthy Living Centre, Sue Maidens and volunteers.

Could you describe the nomination and why it deserves a recognition award

Fusion is in the Park Wood area of Maidstone, which has joined the project in phase 3. The team at Fusion have fully embraced the role of Hypertension Heroes and have worked tirelessly to make the project an success in its first few months. Fusion Healthy Living Centre is located in the Park Wood area of Maidstone, which has been identified as an area of high deprivation. Fusion is a charity that brings together the community and beyond to promote healthy lifestyle by offering services to support physical and emotional wellbeing. They also offer fun activities and events to suit all.

How did it involve the public/patients?

They have have used they're own community links to be proactive in offering the community the ability to learn about the importance of healthy blood pressure and how to monitor it. Fusion has been working in partnership with EK360 to promote detection and self-management of hypertension within their community since September 2023. Fusion, being in one of the most deprived areas of Maidstone made them a great partner for the Hypertension Heroes as they are experienced in health services and have warm community connections.

Tell us how your engagement addressed known health inequalities

Park Wood has been identified as a area of high deprivation and the project is reaching people that would not necessarily engage with their GP. They have supported and trained 7 Hypertension Heroes and 3 trained co-ordinators who are running sessions in many community settings to provide help and advice around self-monitoring and management of hypertension. They run one fixed session a week, from their base in Park Wood targeting people who would not normally attend health services. This includes the Golden Friends group which is supported by Mid Kent Mind

To extend their reach deeper into the local community targeting underserved individuals they created an outreach programme. This programme includes Park Wood Community Larder addressing food poverty and more recently open access sessions in Morrison's Café. This is particularly exciting because diversifying the usual cohort of people accessing the blood pressuring monitoring. All three settings, but particularly the Morrison's café present informal relaxed, non-clinical opportunities to engage those that may be put off by a more formal approach.

What did the nomination achieve?

They have secured a monthly spot at Morrison's Cafe and Park Wood Community Larder. And are continuing to look for new locations to run outreach sessions.

Overview

- 107 community interactions (from 16th Oct – 1st Mar)
- o 65 (61%) from fixed session, 42 (39%) from outreach
- Only 12 (11%) repeat visitors

Demographics

- 63% Female
- 85% aged 45 or older
- 7% (7) with a learning disability
- 9% (10) neurodiverse
- 9% (10) carers

BP readings

- 31% of all readings were high or very high
- 97% (104) of people felt confident to self-monitor after visiting a session
- 71% (76) wanted to monitor at home

Feedback

- 97% (104) would encourage friends or family to attend a session
- Reasons why include:
 - o "It's a better way to have BP checked with Hypertension Heroes as more relaxing than GP surgery"
 - o "Friendly place to be to have this project done"
 - o "Impressed with centre and hypertension heroes"
 - o "a valuable intervention"
 - o "It's important to check"
 - o "it's a great idea"
 - o "Would encourage friends to visit Hypertension Heroes, as preferred this to GP surgery"
 - o "Good to check. Pleased to see volunteers doing this"



wHoo Cares (Hoo Peninsula Cares CIC)

Who has been involved in the nomination?

The 60+ active volunteers that support this organisation

Could you describe the nomination and why it deserves a recognition award

Our team at wHoo Cares comprises of over 60 dedicated volunteers who epitomise the spirit of community support and compassion. These individuals tirelessly serve the residents of the Hoo Peninsula, a rural area within Medway, where access to essential services can often pose significant challenges due to its geographic spread and dispersed population.

Trained and DBS-checked, our volunteers offer a diverse range of support services tailored to the specific needs of the community. From home befriending visits to telephone support and assistance at various group activities scattered across the Peninsula, they ensure that no one feels isolated or overlooked. Their presence and dedication bring comfort and companionship to individuals who may otherwise feel disconnected from their community.

One of the most crucial roles our volunteers play is facilitating access to essential health appointments. Recognising the logistical challenges faced by many residents, they go above and beyond to ensure that no one misses out on crucial medical care. Whether it's providing transportation to appointments or accompanying individuals who require additional support, our volunteers are unwavering in their commitment to ensuring the well-being of those they serve.

Beyond the practical assistance they provide, our volunteers are true ambassadors of kindness and empathy. Their genuine care and willingness to lend a helping hand make a profound difference in the lives of others. By fostering a sense of belonging and support within the community, they contribute to the overall health and resilience of the Hoo Peninsula.

In summary, our team of volunteers at wHoo Cares embodies the essence of selflessness and community spirit. Their tireless efforts and unwavering dedication to serving others make them truly deserving of recognition. Through their compassion and commitment, they not only enrich the lives of individuals but also strengthen the fabric of our community. We are incredibly proud of their contributions and believe that their exemplary service merits recognition from Healthwatch.

How did it involve the public/patients?

Our volunteers play a pivotal role in our social prescribing activities, serving as the lifeblood of our community-centred approach to well-being. Their involvement is crucial in ensuring the success and effectiveness of initiatives such as health walks, peer support groups, and social meetings.

First and foremost, our volunteers bring a wealth of empathy, understanding, and local knowledge to these activities. As members of the community themselves, they possess a deep understanding of the needs, challenges, and aspirations of their fellow residents. This intrinsic connection allows them to establish rapport and trust with participants, creating a supportive and inclusive environment where individuals feel valued and heard.

Moreover, volunteers serve as invaluable facilitators and role models within these social prescribing programs. Their enthusiasm, dedication, and commitment inspire others to actively engage and participate, amplifying the impact of these initiatives. Whether it's leading a health walk, facilitating a support group discussion, or simply providing a friendly presence at a social gathering, volunteers play a central role in fostering a sense of belonging and connectedness among participants.

Additionally, volunteers contribute to the sustainability and scalability of our social prescribing efforts. Their willingness to give their time and energy not only reduces the burden on formal healthcare services but also enables us to reach a broader segment of the community. By mobilising volunteers, we can extend our reach, enhance the quality of our programs, and maximise the benefits for participants.

Tell us how your engagement addressed known health inequalities

With a population of approximately 33,000 spread across various rural villages, the Hoo Peninsula presents unique hurdles for its residents when it comes to accessing vital healthcare and support services. Traditionally services and groups are predominantly located in urban areas, leaving those in rural settings at a disadvantage. This is where our remarkable volunteers step in to bridge the gap and provide invaluable assistance to those in need.

In the face of health inequalities exacerbated by poor public transport links, our volunteer drivers support residents on the Hoo Peninsula. In an area where some villages are situated 9 miles from their GP and 13 miles from the local hospital, access to essential health appointments is a formidable challenge for many. Without the dedication of our volunteer drivers, a significant portion of the community would struggle to attend these crucial appointments, perpetuating disparities in health outcomes.

By providing transportation and accompanying individuals to appointments, they not only bridge the gap in access to healthcare but also empower residents to take control of their health and well-being.

In addition to addressing transportation barriers to healthcare, our volunteers play a vital role in combating social isolation and loneliness within the community. The Hoo Peninsula's rural nature often leaves residents feeling isolated, particularly those who may be elderly or living alone. Our volunteers offer companionship, empathy, and a sense of belonging.

Through initiatives such as home befriending visits, telephone support, and assistance at group activities, our volunteers create opportunities for meaningful connections and social interaction. Their presence not only alleviates feelings of loneliness but also fosters a sense of community cohesion and support. By building relationships based on trust and empathy, our volunteers help individuals feel valued, understood, and connected to their community. In doing so, they contribute to the overall well-being and resilience of residents on the Hoo Peninsula.

What did the nomination achieve?

The achievements of our volunteers have had a transformative impact on wHoo Cares as an organisation. Firstly, their dedication to addressing health inequalities and combating social isolation has reinforced our mission and commitment to serving the community. Their efforts have elevated the visibility and reputation of wHoo Cares as a trusted and invaluable resource for residents on the Hoo Peninsula.

Additionally, the achievements of our volunteers have expanded our reach and enhanced our ability to fulfill our objectives. By effectively addressing transportation barriers to healthcare and providing crucial support to combat social isolation, our volunteers have enabled wHoo Cares to make a tangible difference in the lives of more individuals within the community. This increased impact has helped to solidify our role as a key facilitator of community well-being and has strengthened partnerships with local stakeholders and organisations.

Overall, the achievements of our volunteers have not only enriched the lives of those we serve but have also contributed to the growth, sustainability, and effectiveness of wHoo Cares as a leading provider of support services on the Hoo Peninsula.



Paul Murray

Could you describe why you believe they deserve a recognition award

Paul is passionate about helping people on the Isle of Sheppey, one of the most deprived areas in the country. Paul works tirelessly, even in the face of adversity to support people that are in need on the Island. This includes, continuing to support the Community Bus that goes to 4 locations on the Island every Tuesday of the week and operates as a food bank, supplying Children and families with food parcels when they are in need, setting up and running the Oasis Academy Dementia Cafe and is a patient representative within Health Boards. Paul also works with a number of charities on the Island, and supports the Community Development Forum.

Paul has a lifetime of amazing achievements, and deserves to be recognised for the phenomenal impact he has on peoples lives.

How do you feel their contributions work towards addressing known health inequalities?

By supporting people on the Island in most need, Paul is working towards reducing health inequalities. Those on the Island are experiencing some of the worst outcomes. Paul links this into Health and Care Partnership priorities which starts to address inequalities, and supports with connections on the Island, where support is most needed.



David Stokes

Could you describe why you believe they deserve a recognition award

David has been instrumental in the Medway and Swale Health and Care Partnership Population Health Management programme, as well as being an inspiring VCSE leader in Medway and Swale. David has developed an evaluation matrix which can be used to evaluate the impact of VCSE organisations on health and wellbeing. David clearly demonstrates the professionalism and the expertise that sits within the VSE, as well as being an inspiring individual to speak to about the impact of the Arts. David dedicates much time and energy into collaboration across the sector and the Health and Care Partnership Population Health Management Programme.

How do you feel their contributions work towards addressing known health inequalities?

David's knowledge and expertise contributes to addressing Health Inequalities for the Medway and Swale population, through collaboration with other VCSE providers, and by providing a service which supports local peoples health and wellbeing.



Andrea Jackova on behalf of Romani Slovak Czech Community CIC

Could you describe why you believe they deserve a recognition award

Romani Slovak Czech Community CIC goes above and beyond to support needs within the community, and Andrea is the one who makes things happen. She is a driving force in applying for and securing funding, allowing us to deliver unique free projects for everyone to attend. Our sports projects get people involved in sports and get them active, but at the same time, they address isolation and help improve mental health. Following the long-term pandemic, our projects were in high demand, and the feedback we received was just fantastic. One of our favourites is from a lady in her 70ies. She reported that following her vaccination, she struggled with her right arm, and by attending our free dance fitness classes, she can now raise her arm without difficulty. At the same time, our projects offer an opportunity for the younger generation to do something positive to reduce anti-social behaviour, boredom, and isolation. Furthermore, they establish friendships and develop confidence, community cohesion and a sense of belonging.

How do you feel their contributions work towards addressing known health inequalities?

All projects delivered by Romani Slovak Cech community CIC are free to attend. Financial difficulties (e.g. as simple as having enough money to travel or pay for service) are one of the main reasons for health inequalities. Some places provide services at reasonable prices, but still having an opportunity to attend the free sports sessions is essential. In the current climate of living crisis, we need to recognise the need for a healthy lifestyle and provide opportunities for everyone to address it. We are proud to provide all our services for free.

Furthermore, the Romani Slova Czech Community also deliver Free English Classes for people to improve their English language skills, and the language barrier is recognised as one of the biggest hurdles in accessing health services or projects that assist with improving health. The ability to communicate effectively is the key to good mental health and also general well-being. Our sports project, as well as our Free English classes, are fundamental in addressing known health inequalities.



Cllr Omolola Oyewusi, Magdalane Ministry

Could you describe why you believe they deserve a recognition award

Cllr Omolola Oyewusi is a trailblazer, a woman who has passion about community transformation.

She's the founder of Magdalene ministry supporting people who are marginalised because of their race, disability, class & employment situation. Her ministry cuts across Nigeria, Ireland & England. she's the first black woman to be selected to stand as a police crime commissioner candidate by any party in UK.

I'm driven by experience as a struggling single parent when I lost my husband 17 years ago.

Being a black woman of African descendants, we are thought to deal with our issues by ourselves & not to wear it on our faces. Good as it is! It stopped me from seeking for help when I really needed it. Now I run sessions for young black single mothers teaching them the importance of speaking out, demystifying some of the myths embedded in our lives by culture & traditions.

How do you feel their contributions work towards addressing known health inequalities?

She's also the first black parish councillor in the Aylesford parish council in Kent, she's the first black school governor in Walderslade Kent, First black chair of her Chatham & Aylesford Labour CLP, first black chair of Medway stands up to racism, first black vice chair for Medway trade union council, vice chair for unison Greater London regional black members.

Getting 5000 older residents across 6 different regions in the UK is a great achievement in helping the government tackle the issues of loneliness & isolation through her work as corporate social responsibility manager.

Last year through her community activism & work influence she helped 250 young people secured employment, keeping them out of trouble, off the street & off welfare benefits. Working with the police & local authorities to ensure Young people especially blacks who have been rescued from gangs & drug culture settled into permanent sheltered accommodation & supplying them with food parcels weekly from the food bank she runs from our garage.

She volunteers her time on regional service committees in Kent to help shape their services to suit diverse communities. She does that Kent NHS health inequalities committee, Kent police, Kent fire & rescue services.

She's on different trade union, Unison national committees amplifying the voices of disabled, women & Black workers. A workplace convener, Chair of Disability networking group. She's a community activist and several charity leadership award winners locally & nationally including Kent charity volunteer award winner 2022, Community hero awarded to her 5th of November by her local MP. She runs a food bank from her garage to help support people that are badly impacted by living cost crises, Her motto is no one should be left behind to suffer from poverty. Mother of two & a grandmother.

Laura Hope Cordell, Volunteer Executive Director of Kindness Community CIC

Could you describe why you believe they deserve a recognition award

I believe Laura should be recognised as she has made a genuine and positive difference to so many people's lives and is committed to continuing to do so. Despite her own health challenges, Laura has ceaselessly poured her energies into creating a community build on kindness, understanding and compassion. Every Tuesday, attendees at the Kindness and Wellbeing Group at St Edmunds Church Café in Temple Hill, Dartford are guaranteed a warm welcome within a safe space, while enjoying access to countless crafting activities, mental health resources, healthy living tips, games and lots of support over a friendly cuppa. Laura also runs a fundraising stall, selling kindness gifts, and a raffle drawn every four weeks, with funds raised used to help people struggling with their physical or mental health. Laura also oversees the distribution of kindness kits sent to people in need, who are struggling with their physical or mental health or who may be having a tough time and could use a bit of love through their letterbox. Contents focus on kindness and are designed to uplift, curated to meet the recipient's needs as closely as is possible. I have enjoyed my personal interactions with Laura, where she her empathy and kindness have left a lasting impression. We need more Lauras in the world!

How do you feel their contributions work towards addressing known health inequalities?

Located in Temple Hill, one of the more deprived areas of Dartford, Laura's continued and constant contributions have made a real and lasting impact on people's mental health and wellbeing. Not only do the weekly craft sessions inspire genuine joy and allow attendees to explore their individual creativity, but they are a honest opportunity for people to share any concerns or worries and, in turn, provide emotional support for each other. The kindness underpinning the community fosters social bonds and connection, which, studies have shown, can help to reduce stress, anxiety and depression. Temple Hill appears in the table for, nationally, the 10% most deprived LSOAs by IMD2019 – 2133 out of 32,844; it also appeared in the top 10% nationally in 2015.

In terms of Kent, it came in at 30 out of 902 LSOAs in Kent.

(Source: https://www.kent.gov.uk/_data/assets/pdf_file/0006/7953/Indices-of-Deprivation-headline-findings.pdf [P10])



Cllr Peter Whapshott, Veterans Breakfasts, Dartford

Could you describe why you believe they deserve a recognition award

I believe Peter, organiser of the Veterans' Breakfasts for the Dartford area, deserves recognition for his unwavering commitment and selfless service to supporting veterans. As well as co-ordinating the monthly breakfasts, he has also been raising money for veterans' charities for the past 15 years and is an ambassador for Care for Veterans. His fundraising work has taken many forms, from releasing a CD of WWI songs to log runs, clay pigeon shooting and participating in many military events.

How do you feel their contributions work towards addressing known health inequalities?

The monthly breakfasts create a warm and welcoming space for veterans, which fosters camaraderie, promotes mental wellbeing and contributed to reducing feelings of isolation and loneliness, with the breakfasts providing an opportunity for sharing stories, laughter and memories over a delicious meal. This monthly gathering also helps to generate a sense of community, connecting veterans with those who understand their experiences. These breakfasts raise awareness about veterans' needs and challenges, encouraging others to support veterans.

RECOGNITION FOR EXCELLENCE IN INSPIRING INDIVIDUALS



Theresa Tester, Complex Care Community Nurse for Homeless

Could you describe why you believe they deserve a recognition award

Theresa goes above and beyond supporting our homeless clients in East Kent. She is endlessly compassionate and understanding with our most complex clients and shows great resilience.

How do you feel their contributions work towards addressing known health inequalities?

Homelessness is a major healthcare issue. By working to help these people access healthcare, giving advice and assisting with letters to specialists and GPs, Theresa is helping to close the gap in provision and the inequality in life expectancy between rough sleepers and the general population.



Claire Shelton, Chair of the East Kent VCSE Alliance

Could you describe why you believe they deserve a recognition award

Claire Shelton has been instrumental in helping the voluntary sector align more closely with the Health sector, and vice versa. As chair of the East Kent VCSE alliance, Claire brings together a wide range of people and organisations for the betterment of the communities both sectors are striving to support.

Some examples of the excellent work Claire has conducted includes:

- Leading the National Lottery Health Inequalities programme which is supporting systemic change within the health and VCSE sector in east Kent.
- Representing the VCSE sector on east Kent Health & Care Partnership Board, east Kent Wellbeing and Health Improvement Board, district health alliances and Kent & Medway VCSE Health Alliance
- Developing and leading programmes that address health inequalities in east Kent eg cancer screening, community navigation, wellbeing activities and cost of living support.

Claire is hugely passionate about supporting people and communities to get better health outcomes and live healthier lives. She has been instrumental in bringing in funding into the VCSE sector through funded grants, and always ensures that grassroots organisations are able to benefit from funding, but also that their voices are heard.

She ensures she doesn't just represent her employed organisation, but represents the wider sector, always speaking up for people, communities and VCSE organisations – even when sometimes that is tough. People seek her opinion, help, and guidance. She is extremely professional and hugely supportive. I can't recommend Claire enough for all she does to improve health inequality.

How do you feel their contributions work towards addressing known health inequalities?

Claire also oversees all Health and Wellbeing programmes at SEK. This includes:

- Health Equalities Programme – funded by the National Lottery, this programme supports systemic change by developing strategic relationships. Over 30 organisations across east Kent attend the alliance meetings regularly.
- Older People's Wellbeing Support – delivering across Thanet and South Kent Coast support this programme supports approx. 10,000 per year.
- Connect Well East Kent – a social prescribing contract supporting older people to access support, maintain their independence and prevent access to health and social care.
- Cancer prevention – funded by the Kent and Medway Cancer Alliance, these programme target areas and communities that have low screening uptake and deliver information sessions within those communities, as well as understanding the barriers that prevent them accessing screening. The impact of a screening programme around bowel cancer screening saw a 54% increase in self-referral requesters.

- Cost of Living Programme – supporting people living in the highest areas of deprivation in east Kent to access cost of living support and support for health care inequalities.
- Digital Energy – Working in partnership with UK Power Networks to deliver energy advice and support to people living in the highest areas of deprivation in east Kent.

All of these programmes address health inequalities, and Claire is leading them all. This is in addition to the extra work she does in attending numerous NHS meetings to help ensure the the VCSE sector is front of mind and we are all working together as a cohesive cross-sector team. She is an absolute superstar!



Poppy Eyre

Could you describe why you believe they deserve a recognition award

Poppy is an ambassador for Family Matters in Kent and a survivor of childhood sexual abuse.

As a child Poppy was sexually abused by her paternal grandfather. She has set aside her right to anonymity because she believes "if people can see a face behind something so taboo, it makes it more relatable". Poppy works to share her story to change attitudes and "take away the shame" for other survivors.

She talks about how, as a small child, she thought the abuse she suffered was normal, and how she felt enormous relief when she eventually told her parents, aged 11. She believes that in talking openly, others will understand that abuse can happen within any family.

Poppy was first abused when she was a toddler. She says "I thought grandparents did that to their grandchildren. I thought that was quite normal. I knew the cues." When the regular children's programme she watched with him ended, then the abuse would begin. At school, aged 10 and 11, Poppy was having lessons warning about sexual exploitation and grooming. She began to recognise what had happened to her. "I'm sat there thinking, 'I'm involved in that', that's me, that's dark. That's disgusting."

It took 18 months for the case against the grandfather to reach trial. Poppy's recorded interview was played in court and she was cross-examined. She had just turned 13. "I was so desperate to fight my own corner, in some ways, there was a good amount of anger behind me, so telling my side of the story was incredibly important."

In 2018, the grandfather was found guilty on three counts, including rape, and was jailed for 13-and-a-half years. He died in prison.

Poppy is inspirational in her motivation to talk openly about sexual abuse. She raises awareness of the impact of the process on children and for adults. In January this year, Poppy attended the Houses of Parliament lobbying for changes to the Victims and Prisoners Bill currently being debated. Poppy's aim was to raise awareness of the long waiting times for support for victims and to ensure that the Bill includes the full rights and needs of children in sexual abuse situations.

How do you feel their contributions work towards addressing known health inequalities?

As an ambassador for Family Matters in Kent Poppy continues to raise awareness about the importance of access to counselling and support for children who have experienced sexual abuse. Family Matters have more than 300 abuse survivors waiting for counselling and support. Poppy has also raised money for the Family Matters helpline that supports abuse survivors while they wait to see a counsellor. So far, her fundraising efforts have raised more than £70,000.

Poppy had to wait five months to get counselling and talk to someone outside of the family, now it can take much longer. "I probably wouldn't be here [without counselling]. Now, when I have a bad day, I don't completely crash." Speaking to a counsellor each week gave her the tools to deal with complex feelings of guilt and distress. Poppy is using her own experiences to change things for other children.

Poppy's decision to talk openly about being abused as a child and bring the subject into the light has directly inspired others to talk for the first time about abuse they suffered and seek help.

Research shows that many survivors have adverse impacts on their mental health and wellbeing, with long term clinical psychiatric diagnoses associated with child sexual abuse. Poppy's efforts to raise awareness, 'take away the shame' and encourage people to seek early help and support, directly impacts on reducing the longer term health and social inequalities that can be experienced by people who have hidden their experiences.

Her inspiring message to others who are struggling with abuse is "take that jump, tell someone. I can't promise you will be believed by everyone, but I can promise there is someone who will believe you, and there is a way through this."



Mhairi Tynan (KCC)
Alice Unsworth (KCC)
Tamsyn Philips (EK360)

Could you describe why you believe they deserve a recognition award

All three are lived experience practitioners, have worked collaboratively with a wide range of stakeholders including Kent PACT, Medway Parent Carers Forum, individual parents and young people and a range of people in paid roles. To on behalf of Kent & Medway Integrated Care System's - Children and Young People's Programme Board deliver an excellent Lived Experience, Engagement and Employment Framework (LEEEF). Mhairi, Alice and Tamsyn have been creative and inclusive in how they have developed the framework modelling best practice in engagement and collaboration as they developed and drafted the framework.

The LEEEF sets out values and suggested best practice to support the commitments made by the two councils and the NHS to work with people with lived experience to improve services across Kent and Medway. It aims to be common sense springboard for action; a checklist for planning and reviewing engagement activity; its purpose is to allow for creativity and collaboration at all levels where people with lived experience are involved in services and strategy. This framework aims to create more visibility and accountability for the inclusion of people with lived experience.

How do you feel their contributions work towards addressing known health inequalities?

The work of Mhairi, Alice and Tamsyn will be instrumental in establishing best practice in the use of lived experience across a range of different engagement activities, including the employment of people with lived experience in paid roles, their inclusion in service redesign and the monitoring of service quality. This ensuring children and young people's services are rooted in the real life experience of Kent and Medway families, including those that we seldom hear from. They are now working on an implementation and training plan to ensure the framework is imbedded within practice.



Nikki Teesdale, Director of Health and Care Integration and Improvement – Medway & Swale Health and Care Partnership

Could you describe why you believe they deserve a recognition award

Nikki deserves a recognition award due to the passion and drive she provides for the Medway and Swale Health and Care Partnership. Nikki is an inspirational leader for the Health and Care Partnership, and has driven forward the Population Health Management Agenda for the last 3 years with such a positive and open mind and has shifted the way in which the Health and Care Partnership functions for the good of the population that Medway and Swale serve (recognising of course the value of all the other inspirational leaders who have been along the journey too!).

How do you feel their contributions work towards addressing known health inequalities?

Nikki has personally contributed by leading the Health and Care Partnership into a very different footprint which recognises variation in outcomes, what health inequalities are and providing direction into how we can begin to challenge this. Nikki is passionate about changing the lives of our most disadvantaged communities, and continuously keeps people in the forefront of her mind. Having an exceptional leader for the Health and Care Partnership and driving forward system wide change has helped with the successes we have achieved to date to address health inequalities.



Hazel Garnham, Lived Experience Lead for NHS TT

Could you describe why you believe they deserve a recognition award

Hazel has been working with NHS Kent and Medway for the past year, supporting primarily on the NHS Talking Therapies programme as a lived experience lead. As part of this role, she has been pivotal in bringing the user voice to discussions, steering groups and working subgroups to ensure the patient is at the heart of every decision.

Hazel has been working with others with lived experience, speaking to them about their experiences with services, listening to what they have to say and bringing that feedback to the table.

Hazel has worked directly with the new provider, as well as colleagues across the ICB and within her own organisation. She has spoken with confidence in situations with senior staff, challenging and holding to account where necessary which is not always an easy thing to do, but vital to ensure the voice of patients is heard, which she is clearly passionate about. Feedback from those working with Hazel has been overwhelmingly positive, highlighting her refreshing approach and positive attitude to influence the commissioning of a new service that puts the patient at the centre.

How do you feel their contributions work towards addressing known health inequalities?

Hazel led on the implementation of an audit seeking views from communities in Kent and Medway about their experiences of access to NHSTT. Outcomes from this were able to be considered in the new NHSTT service model

- Hazel has worked in partnership with local NHSTT providers to support the equalities agenda aligning work with Outreach Workers, Workforce lead and Service leads for service providers, supported by an Equity Audit on NHSTT for Kent and Medway that Public Health issued in 2022.
- Lived experience lead during NHSTT procurement and mobilisation, being able to challenge and influence the service and delivery model



Julie Stace, Project Manager, Public Health · Kent County Council

Could you describe why you believe they deserve a recognition award

Julie came into post as programme manager for co-occurring conditions (substance misuse and mental health) last April. It was a post that was hard to fill because of the subject matter, complexity, need for front line and strategic experience, sensitivity and working with such a range of partners covering a huge geography. Luckily Julie applied and was successful. She has a social work background and understands safeguarding and mental health need. She was ideal.

Since the short time she's been in post she has achieved so much, she has got a difficult 'joint working protocol' signed off and getting it out to front line workers, she has visited so many mental health teams, housing teams and social care teams and is always on hand to unpick difficult issues with a range of partners.

She has a can do attitude and a bravery that has meant she is not afraid to say things that are challenging and always champions the needs of the client as well as understanding the real issues facing front line staff. She has moved this very difficult area forward in Kent and raised the profile of how stigma is a barrier to getting care and support. In addition Julie is a lovely person to work with and always sensible and knowledgeable too.

How do you feel their contributions work towards addressing known health inequalities?

There are many safeguarding adult reviews that impact on people with both mental health and substance misuse, these are the people who fall between the cracks of the cracks. This client group face some of the biggest stigmas in getting health care and simply advocating and championing this client group - in setting up a champions network, in getting front line workers trained, designing training and working with vulnerable men and women Julie has addressed key needs for this vulnerable group. Her knowledge of front line social work and skill in mental health and substance misuse means she has identified gaps and knows the pressures front line staff face.

She is focused on improving the quality of care and as such has addressed a very real health inequality.



Jemma Scott, Health Visitor, KCHFT

Could you describe why you believe they deserve a recognition award

Jemma deserves a recognition award for the work she has been completing with the Roma community in Cliftonville over the last three years. She is demonstrating incredible leadership in collaborative working, changing the culture and paving the way for new ways of working to provide more accessible service to a community in need of support. Jemma works on an outreach basis, knocking on doors and speaking to people on the street to offer a range of assistance. Jemma goes with interpreters to the people who may struggle to come to her. Her work with the community began during the COVID pandemic due to the low uptake of the vaccine in this area, whilst working on addressing the concerns of the community Jemma found out more about the barriers they faced and what their health needs were, and this is where the work focussed on health inequalities began. The health inequalities that Jemma identified and is working to address are in line with the findings of the Gypsy, Roma, Traveller Health Needs Assessment that you can find here - Ethnicity - Kent Public Health Observatory (kpho.org.uk).

Jemma successfully applied for funding last year from the charity, Save the Children and ran a drop-in, where they offered families support and health advice, alongside free fruit and vegetables. This ran for six months and really helped her build connections and trust with local families. It also allowed them to speak to parents about important things like their toddler's diet or how important it is to brush their teeth. Since the drop-in ended, Jemma goes out and about in Cliftonville and meets families through door knocking and has set up a weekly healthy child clinic at the children's centre to offer help and advice. Jemma supports around 10 families a day on her outreach days in the community.

Jemma is working with the Research, Improvement and Innovation team at KCC to ensure that research ideas are culturally competent, and that the methodology is the most appropriate to the communities that they are targeting.

Jemma often supports stakeholders with introductions to the community, for example; the local fire brigade to help with home safety, immunisation teams to provide education and vaccinations, children missing in education to ensure all children are able to access the schooling system, and sexual health outreach teams to ensure the community have access to information around contraception and other sexual health services.

How do you feel their contributions work towards addressing known health inequalities?

Jemma's work means that the Roma community she is working with are accessing services that previously felt inaccessible to them.

A particular story that Jemma told me about was a woman who has missed multiple cervical screening appointments. Jemma spent time on a one-on-one basis to talk through the appointment with the individual, book a new one and accompanied her to the clinic. This achievement may seem small to some, but Jemma is breaking down barriers one success at a time and this one woman will tell her friends and family about the positive, personal experience she had which may encourage others from the community to access services that they otherwise wouldn't have.

Jemma has worked with the local primary care network to highlight the NHS guidance that you can register at a GP surgery without identification or proof of permanent address, which is beneficial for those who struggle living in multiple occupancy homes with bills often included in rent.

Jemma has had significant impact for the Roma community in Cliftonville and we hope her efforts will be recognised and shared, inspiring others to take up similar work to address the long-standing health inequalities experienced by people from the Gypsy, Roma, and Traveller communities.