



Community conversation engagement overview

Main findings report 2023/24



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Community conversations engagement overview 2023/24

We wanted to involve a diverse and robust number of people in shaping the way we deliver health and care services in the future....which would be used to shape our Integrated Care System strategy.

Our ambition - Deliver an inclusive engagement programme:

- To reach as many people as possible
- To make sure we involved people who face the most health inequalities
- To hear from people from across Cornwall and Isles of Scilly

What we did:

We planned our '**community conversation**' programme that run from June until September 2023 with some additional activity to reach any people we missed between October 2023 – January 2024.

What will we do with the findings:

We want to share what we heard and make sure change happens as a result!



Community conversation overview

We engaged with a diverse and robust number of people from across Cornwall and Isles of Scilly in shaping the way, we deliver health and care services in the future services from May 2023 – January 2024.

Headline figures from our engagement:



What we learnt and will do more of in the future:

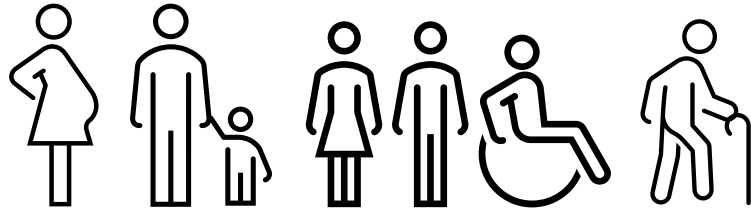
- Tested an inclusive engagement approach that we will continue in 2024/25
- Worked in partnership with teams across the Integrated Care System to deliver joined up engagement
- Connected with our GP practices to promote our survey, share findings and discuss next steps
- Feedback what we learnt and make changes or improvements where we can



What we achieved...



Who took part in our online survey?*



- Majority were female (1,732) male 763 and 27 prefer to self describe
- Those aged 41-65 mostly completed the survey (1205), followed by 978 people aged 66-80. 268 people aged 18-40
- Over half cared for others – 1010 people
- Over 600 people said they had a disability, physical or lived with a long term condition

How could people take part across our engagement ?

- Online survey ran throughout the engagement timeframe
- 121 conversations at events
- Question included in friends and family survey
- Provide feedback or complete surveys at support groups
- Group discussions
- Film clips or audio recording of feedback
- Creative toolkit of methods

*For online let's talk survey – NB: Our face to face engagement activity was targeted to Core20+5 audiences – see page 14 onwards for details





What we asked people about

Questions were themed around 6 areas through our community conversations:

1. **Recent experience of your GP surgery**
2. **Recent experience of health care services** (from pharmacy, 111, dentist, MIU, mental health, ED, calling 999 to community) Measuring happiness with service, what was good, what could be better.
3. **Overview of ICS strategy priorities for start well, live well and age well** – asking people if we should do anything else and if they want to, what their experiences were
4. **What would make CIOS a healthier place to be born, live and grow old** – asking for ideas and feedback on what our people are doing to keep healthy and what is stopping them from doing more
5. **How they accessed information about health and care services and if they would like to get involved in the future**
6. **Demographics** – from postcode, age, gender, carer, disabilities



Experiences of health and care services

Recent experiences, happiness and ideas to improve services for the future

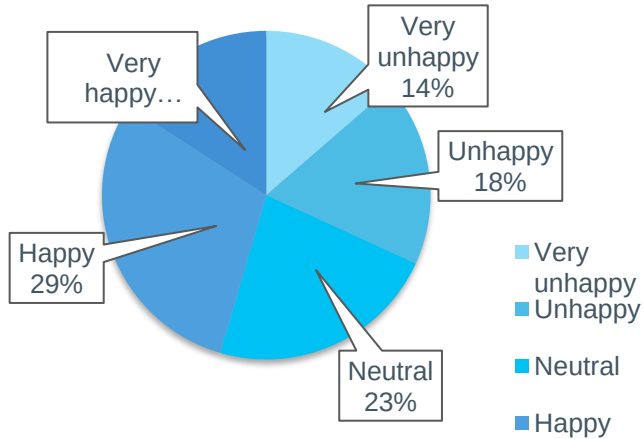
Overall happiness with GP surgery experience

Cornwall and Isles of Scilly

Q. Overall how happy were you with your experience?

ICS total result

Question 6: Overall how happy were you with your experience?



15 GP surgeries promoted the survey directly to their patients through their own communication channels.

Higher representation from Carn to Coast Health Centre (37%), Bodriggy Health Centre (14%) and Wadebridge and Camel Estuary (8%).

The survey was completed by patients from 54 GP practices from across the Cornwall and Isles of Scilly practices.

Every practice provided with own survey results.

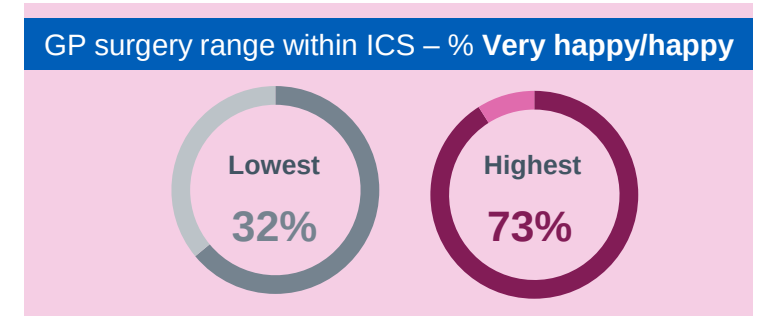
CIOS and ICA 'Very happy & Happy'

CIOS	West	Central	North & East
46%	45%	60%	44%

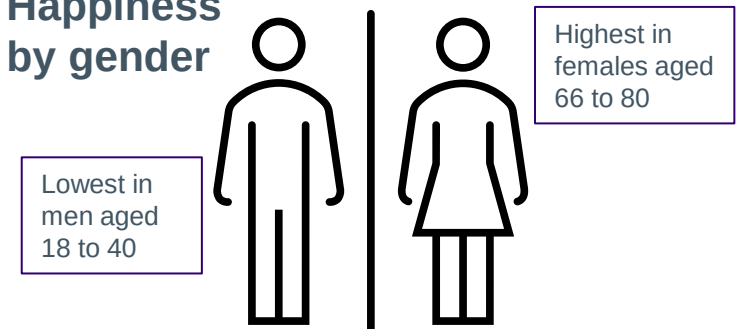
2,629 people took part:

- 1196 people (45% of total survey respondents) from West ICA
- 514 people (20% of total survey respondents) from North and East Integrated Care Area (ICA)
- 353 people (13% of total survey respondents) from Central ICA
- 567 people (22% of total respondents) who didn't provide their postcode or responded 'other' to this question.

Comparison of results



Happiness by gender



Happiness levels with GP services not differ wildly between people who said they are disabled and those said who they are not.

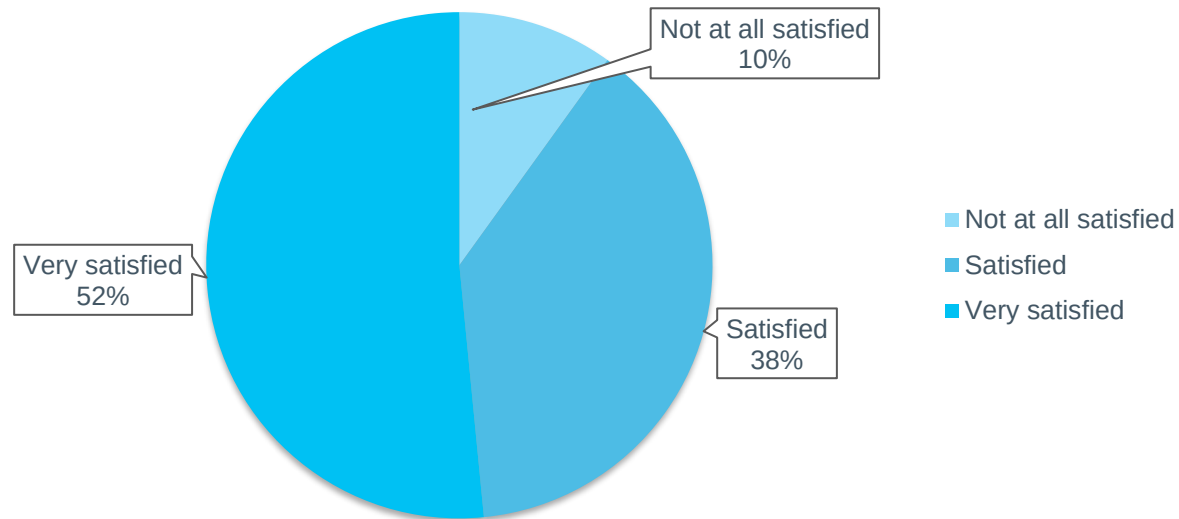
i 83.5% of people who completed the survey gave feedback about their recent experience at their GP surgery.

Satisfaction with other health professionals

Q8. How satisfied were you with the care received from other health professionals at your GP surgery?

The ICB has been actively promoting the alternative roles within a GP surgery that patients can get health advice from. We included this question to measure satisfaction of care from these members of the team with the intention of using this data in the next phase of our communications. Overall there was a very high level satisfaction when people saw other professionals who were not a GP with 90% being 'satisfied' or 'very satisfied' with their experience. Very broadly, there isn't much of a satisfaction difference across all the roles (Clinical pharmacist, Social prescriber, Physiotherapist, Care co-ordinator, Paramedic practitioner, Mental health practitioner, Nurse practitioner) with high satisfaction shown across the roles.

Question 8: If yes, how satisfied were you with the care you received from them?



Very broadly, there isn't much of a satisfaction difference across all the roles (Clinical pharmacist, Social prescriber, Physiotherapist, Care co-ordinator, Paramedic practitioner, Mental health practitioner, Nurse practitioner) with high satisfaction shown across the roles.

i Comparisons are indicative only: differences may not be statistically significant

What would you like to improve in the future?

We have pulled together the main themes from our feedback on what would improve GP services in the future, this included:

- Support carers, older people, those who may need support (people with a disability/hearing or sight impairment) to book appointments suitable for them at their GP surgery and provide ongoing communications in a way they understand
- Support families/carers to get GP appointments for young children aged between 0-5 age
- Promote self care and child/family health to families so they can be empowered to look after their child
- Promote and empower (show how) to order medication prescriptions online (through NHS online/app and home delivery)
- Implement longer repeat prescription timeframes for those with long term conditions to make it easier for people and professionals
- Provide more empathy, understanding and practical solutions in response to a wide range of women's health issues (from young to older woman).
- Provide personalised care that supports people to feel listened to and cared for
- Support GP surgery led signposting of locally available support through targeted communications by medical condition or need (age specific – physical or mental health)
- More time and opportunities to have health checks/MOT's and support before health issues worsen.

People's feedback on other health and care services



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The services that people choose to tell us about

Most people who completed the survey wanted to tell us about their experience of using their local GP surgery (84%). Almost half (47%) also wanted to give their experiences of using other health and care services.



Using a dentist was the most popular service to provide feedback on. Followed by pharmacy and minor injury units (MIU)



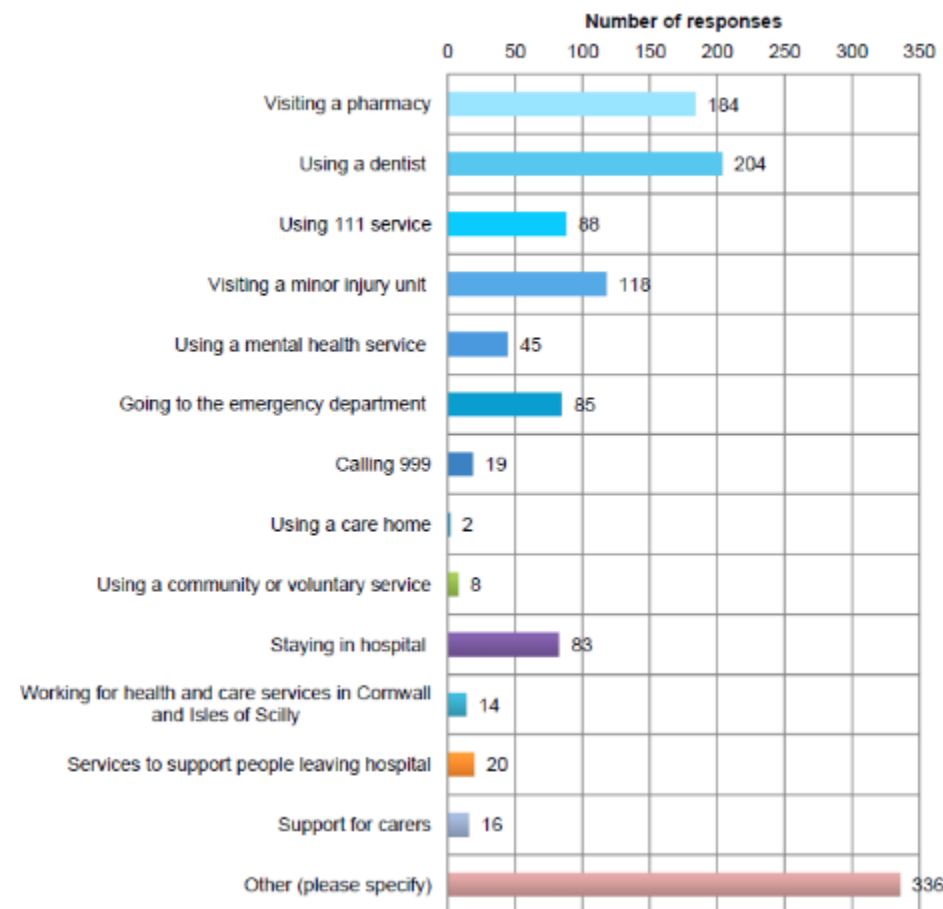
People were most happy with:

- visiting a Minor injury unit
- using NHS 111



People liked that there was '*no appointment needed to access*'

Question 10: Please choose which recent health or care service you would like to tell us about



Satisfaction with other health services

Q. Overall how happy were you with your experience?

Services most unhappy with
CIOS and ICA - dentistry

CIOS	West	Central	North& East
54%	58%	65%	44%

CIOS and ICA - pharmacy

CIOS	West	Central	North& East
41%	38%	50%	44%

Services most happy with
CIOS and ICA - MIU

CIOS	West	Central	North& East
64%	62%	40%	71%

CIOS and ICA - 111

CIOS	West	Central	North& East
53%	48%	46%	58%

Key results

- The top 5 other services people wanted to share their experiences about were pharmacy, dentistry, minor injury units (MIU), NHS 111 and the emergency department.
- The data shows that people were most happy with their experiences of MIUs and with the NHS 111 service.
- People were most unhappy with their experience of dentistry services, followed by their experience of pharmacy services.
- Across all 3 ICAs, People in North and East ICA were most happy with their experience of MIU services at 71%.
- Whereas people in Central ICA were the most unhappy with their experience of dentistry services at 65%.



A summary of what the thematic analysis tells us

If we could explain the main themes from our conversations with 10,000 people we would say – our people would like to see health and care services in the future that:

- They can consistently access - regardless of where they live or who they are (age, location, ethnicity).
- Are easily accessible 24/7 (including being locally available, in person where needed and quickly when its urgent)
- Are flexible and easier to access for those who need extra support – due to digital exclusion, employment restrictions, (fishing and farming), caring responsibilities. affordability of calls/internet, literacy or disability. Are equal in the way care is offered for physical and mental health
- Empower professionals to 'dig deeper' into a person's health problems to find out the root cause and offer holistic advice.
- Offer kinder care – our staff are more compassionate, understanding and listen to the needs of people and their families.
- Enable people to look after their health and wellbeing with choices and information provided – tailored to their need or medical condition (on diagnoses and throughout).
- Provide personalised care based on what people need and not assumptions, offer choices rather than medication.
- Provide information and communicate in ways people understand – this includes the way we talk, send information and promote our services.



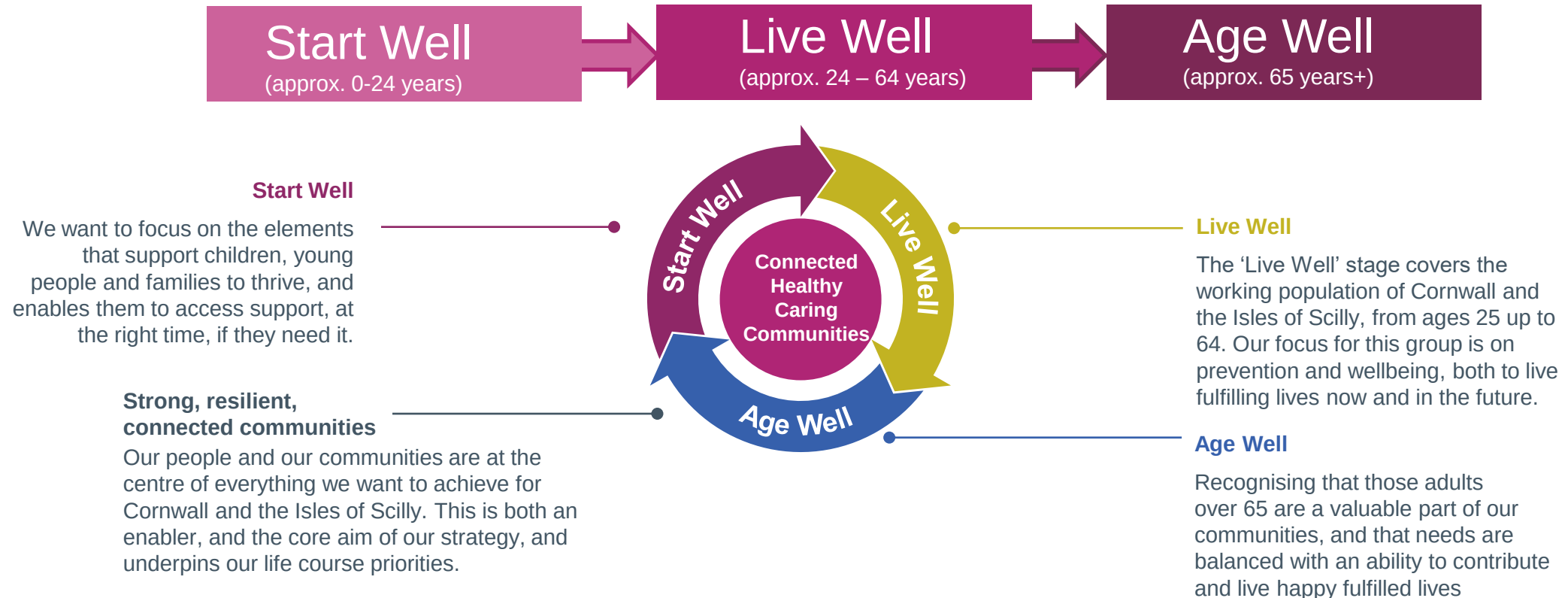
What is needed to help you start well, live well and age well?

Integrated Care Strategy feedback

Shaping our integrated Care Strategy

We wanted to involve a diverse and robust number of people in shaping the way we deliver health and care services in the future...which would be used to shape our Integrated Care System strategy. To understand the different challenges and opportunities we have in Cornwall and the Isles of Scilly, we've made use of a 'life course' approach within our strategy.

In our engagement we shared the priorities of our strategy under these 'start, live and age well' life stage headings and ask for the public views on those and if there is anything missing. The findings are shared under these categories. While we've included indicative ages, we recognise that this is not necessarily a linear progression, and individuals within our region will experience different elements of the life course at different times. We also recognise the importance of those transition points between the stages, and the unique challenges and opportunities we see at those times in people's lives:





Overview of ICS strategy priorities feedback

Start well – what people told us was important for this part of the strategy

We asked people about what was important to them for the services we provided to children, families and young people aged 0-24 years, this is what they told us:

1. More help to support some families (parents, carers) who may need a little extra help after their child/ren reach 2 and a half years and before school age.
2. Promote self-care and child/family health to families so they can be empowered to look after their child.
3. Support families/carers to get GP appointments for young children aged between 0-5 years.
4. Being able to raise a concern about the health of my child and being listened to - parents wanted to be listened to about what may be wrong and what their child needs.
5. Quicker access to educational psychological assessments for children and young people. We were told waiting was the cause of much anxiety in parents and affecting young children's education/progress.
6. More mental health facilities and services for young people, especially child adolescent mental health services (CAMHS).
7. Ensure children and young people can access mental health services designed around their specific needs.
8. Greater access to NHS dentists - many adults were deeply concerned about how the lack of NHS dentists were affecting children's teeth, possibly for their whole lives.
9. Provide information about services that meet the different needs of children and young people reflecting neurodiverse, ethnicities, gender throughout the 'start well' services - including signposting, advice and ongoing information throughout the child-teen years (as it will change depending on age).
10. More awareness raising on risks associated with smoking and vaping

Live well - what people told us was important to them for this part of the strategy

We asked people about what was important to them for the services we provided to people of working age (24-65) to help them thrive, this is what they told us:

- Provide support for people transitioning between young people's services and adult services.
- More responsive mental health services that prevent people reaching crisis
- Provide easier access to services offered at GP services - we need flexibility in booking and attending appointment (evenings, weekends) and the for longer durations for serious concerns e.g. cancer symptoms or for reviews for long term conditions
- More access to NHS dental services
- More efficient prescribing practices and making it easier to obtain medications for people with long term conditions or work commitments require it.
- Reduce waiting lists for treatment – Both physical and mental health.
- Provide more support for people with long term conditions and complex medical needs - people want to understand the options and solutions to help them live healthier lives.
- Affordable access to activities to improve our own health and wellbeing.
- Better access to gender affirming care/ services and kind care for transgender people.
- Offer and promote health checks throughout life – screening to age related checks.
- Health and care that are person-centred and go further than 'medical' solutions offered

Age well – what people told us was important to them for this part of the strategy

We asked people about what was important to them for the services we provided to older people (65+) to help them age well, this is what they told us:

- More joined support provided from initial diagnosis of dementia and throughout living with this condition.
- Support for people caring for others with health problems.
- People want to at home and feared going into hospital (to die).
- More support to enable a person to be discharged from hospital.
- More paid carers with the right skills to deal with the people they care for – dementia carers were specially highlighted in people's feedback.
- Opportunities for socialising to combat isolation and 'buddy' to help older people to try new things – hesitancy and being to 'proud' or 'not old enough' were reasons given.
- Ensuring services are flexible to access for those who need extra help or support – due to digital exclusion.

The 'age well' feedback is shorter, however that is because the thematic analysis in the 'overall' and 'live well' sections cover the same areas that were highlighted. The above points are provided in additional and just for the 'age well' life stage.



What would make CIOS a healthier place to be born, live and grow old?

Integrated Care Strategy feedback

What would help you to become healthier?

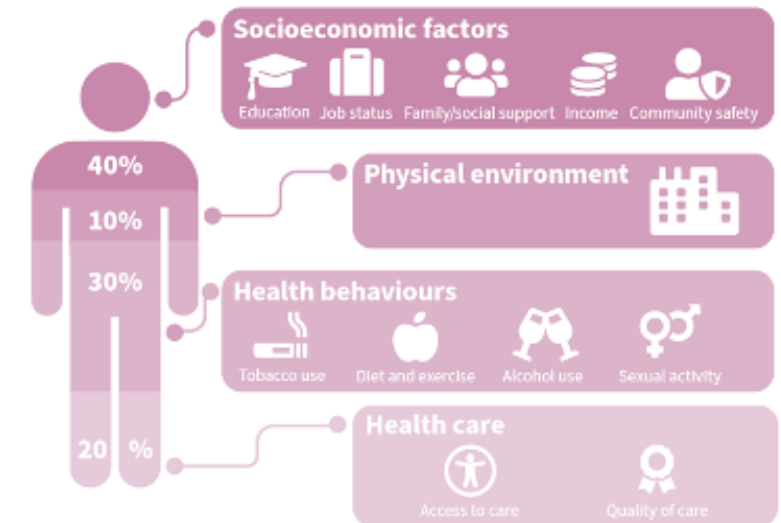
Q. What would make Cornwall and Isles of Scilly a healthier place to live?

From NHS services, people wanted:

- timely reliable treatment and care
- to be treated with dignity and respect
- to be involved and communicated with, especially regarding NHS waiting lists
- to have their individual needs met
- tailored NHS services and gaps in services to be addressed

There were suggestions not covered by NHS services in isolation, these can be summarised as:

- affordable care to 'age well' and advice/support on how to live better lives
- more mental and physical support available to children and young people in education settings (dental, nit nurse, doctor, mental health)
- greater transport links to enable ease of travel
- more affordable housing
- more access to childcare



Q. We asked what would you like to start doing to improve your own health and well-being?

We asked what would you like to start doing to improve your own health and well-being?

Top 3 things: Getting better sleep, reducing weight and reducing stress

And what is stopping you doing this? Top 3 things: Cost, time and work commitments.

For young people - cost of gym membership/physical activities, difficult transport links and availability of organised safe recreational activities for the 12 plus age group.



Communication preferences and future involvement

People want to be communicated:

- Easily, in ways that suit them and in places they are
- To get relevant information about things that affect or interest me
- Short, simple and easy to understand
- Consistently and targeted (no need to search) – if I'm overweight – send me advice and tips, if my mum has dementia – where can I find out trusted/correct information?

Top 3 ways to find out health advice:

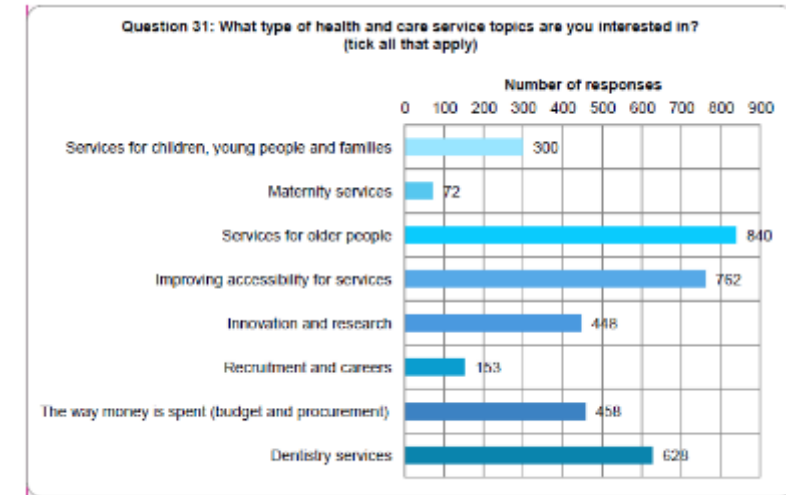
1. NHS website
2. Google
3. My GP and friends/family

Want to be involved in shaping health and care services?

- 46% want to give feedback in the future
- People wanted to mostly receive an email with engagement opportunities they can 'op into' or would take part in focus group on topic of interest

Topics of most interest:

- Improving accessibility for services, dentistry and services for older people



Recruiting to our new engagement functions

We are recruiting into our digital people panel, expert reference groups and people alliance so we can continue to involve people in shaping future health and care services.



Community conversation Core20+5 findings



Community conversations findings by audience

To help us reach wide ranging and representative audiences, especially those audiences identified through the NHS's Core 20+5 approach, we worked with our partners to utilise their established and trusted relationships to connect and hear from people that are typically under-represented in engagement.

Through our community conversation we engaged with audiences including:

- People who are from the most deprived households and locations
- PLUS population groups including ethnic minority communities including vulnerable migrants
- Inclusion health groups; people with a learning disability and autistic people
- People from coastal communities with pockets of deprivation hidden amongst relative affluence;
- People with multi-morbidities, people who have long term conditions including respiratory illnesses and cancer and those who live with mental illness
- People from inclusion health groups include: people experiencing homelessness, drug and alcohol dependence, people who have experienced trauma or been abused
- People whose livelihood means their access to healthcare is affected by that livelihood i.e. farming community and fishing/ boating community.
- People who live on the Isles of Scilly which brings with it a number of challenges when access health and care,
- Young people and young carers

Where there were gaps in audience feedback, for example, from the Roma, Gypsy, and Traveller community we worked with our partners to include latest and relevant feedback in this report.

Hearing from those facing health inequalities



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We asked Cornwall Neighbourhoods for Change (CN4C) to co-design some bespoke engagement events to help us understand broader experiences.

Their team of community designers each chose a cause close to them, choosing appropriate research methods to suit the audience and completed engagement to showcase the disparities and highlight positive areas of change.

Bespoke engagement occurred with:

- People who experience or are homeless
- Women who have experienced domestic abuse
- Home educating families
- Parents with very young children
- People on lower incomes
- Ukrainian families
- Socially anxious



Areas to reflect on

The CN4C engagement feedback is summarised here and the [full report can be read online:](#)

Getting access to services is really difficult

People told us that it often meant they didn't contact their GP or services until it became a crisis. With barriers for access (cost of phone/being online or travel sited) or accessing by telephone or having virtual appointments also harder for some groups of people, such as those who experience anxiety, have a mental health issue, learning disability, disability or have gone through trauma of some kind. Although hard to **initially access services** and once 'in' a service, e.g. Cancer support or mental health, most said there was generally a good service and people appreciated this.

However for our homeless population, getting access and ongoing treatment was not so positive an outcome, many felt that they were brushed over due to having no fixed address or way of seeing health professionals apart from going to the emergency department. The people asked were unanimously unhappy with access to health services. Those who were homeless also told us they could only go to ED as they weren't registered with a GP (even though they are entitled to be)

Trust and judgement – is a big barrier for care being sought as many feared judgement and for some – the appropriateness of who they saw was important. Within the homeless community there was an increased lack of trust toward professionals. The appropriateness of who woman saw was also raised e.g a woman being unable to see a female doctor for specific health reasons or due to personal trauma that was their preference. Some felt unable to get help because they felt they may be judged e.g. drug/alcohol dependency, smokers, being overweight.



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Areas to reflect on continued

Waiting times are felt to be too long for most, if not all, medical appointments. People are waiting not weeks, but months, to have a consultation which may or may not be face to face or appropriate for them and their current and ongoing needs. It is worth noting that over a course of months conditions change and vary greatly from the initial conversation or report. This can lead to wasted time and resources as people may go to appointments they no longer need or be found to be in a worse place than initially thought.

Mental health support was also found to be a tale of two halves. In some cases, people with what can be said as 'lesser support needs' are able to receive appropriate and timely support through services such as Outlook Southwest. However, those with complex, lifelong or enduring conditions who can be more difficult to treat, or engage with, are often harder to source support for which is appropriate and timely. These people can also slip through the net and as a consequence can become harder to reach or treat and this can end up with more intensive treatment needed.

Face to face support is often hard to arrange, with people who want to be seen face to face receiving telephone calls or text messages instead. While many understand that this is time saving and more productive it is not always the best thing for the patient. Some people who do not use or less confident in using mobile phones or the internet felt excluded from services.

The lack of NHS **dentists** was also felt keenly – even young children had had to be seen privately (not though choice) and travel to a given NHS dentist, should one be available, was often prohibitive due to distance and cost. People are instead turning to the 111 service or going to minor injuries or A&E for help. There is also a growing trend in people doing their own dentistry.

Ukrainian Community

The Ukrainian community reported marginalisation stemming from language barriers and social differences during the CN4C engagement.

The CN4C team gathered evidence using gingerbread people and sunflowers, which created a fun way of easily expressing what mattered to them. The sunflowers each represented family, health, work and education, and wellbeing. From the conversation the important areas included:

- mental health support especially for young people,
- access to dentists
- employment opportunities with sponsorship roles.
- access and support with costs for public transport
- activities/ social activities for young people
- having access to financial support to improve physical and mental health



Hearing from young parents

We visited support groups for parents which includes Warm Tums group to Wild Young parents' project events, we spoke to mums who told us:

- Many were surprised at how hard being a parent was – especially those who gave birth during the pandemic when the support networks of parent groups were not available
- How important education about practical parenting was and should be part of the curriculum
- The stark reality of choosing 'heating and not eating' was faced by the majority of people we spoke to
- How stigmatising it is to be the family entitled to have 'free school' meals or to go to a food bank
- Anxiety and mental ill health is impacting parents and their children within a family making managing mental ill health harder
- These support groups are vital – but overcoming initial 'fears' of accepting help or attending these groups meant many waited until crisis point
- More support after 2.5 years is needed – especially to keep them and their families on a healthy path to attending primary school
- Some were worried about how they can be good parents to teenagers given all the pressures they face and are under – especially in rural or more deprived locations with fewer activities for young people provided
- All had high hopes for their families and valued the importance of health, well being, education and employment for their children



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Health/literacy levels

The team heard through conversations with people across our engagement that literacy issues affect people's knowledge and ability to access health services. With the growing number of services being 'self-referral' or require online booking – we need to be aware of how we consider this effectively and not exclude people already facing the most health inequalities.

Many people spoke of their online GP appointment form being rejected as they had completed it wrongly – not knowing how to fix it – therefore not being able to see their GP. Many people expressed frustration of not understanding what professionals told them (in person) and in follow up letters. Many people also felt unable or lacked confidence to ask questions back to their health professional about their health.

Digital inclusion – access to reliable and continual WIFI made being online difficult for some, some had no internet at home and relied upon their phones and free WIFI. Combine this with a lack of digital skills (being unable to search/find services due to literacy levels, and not feeling confident to download apps or complete online forms) meant people felt left behind in the digital transformation of services.

High cost of accessing services - Costs for calling/texting the GP by phone, using WIFI for online appointments and travelling to health appointments were also mentioned as barriers for those on low incomes.



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Health literacy levels in England



43%
OF ADULTS



... struggle to
understand health
information that
just uses words

61%
OF ADULTS



...struggle to understand
and health information that
contains both words and
numbers



Source: Adults' Media Literacy Tracker 2021, CATI Omnibus Survey (2021).



Children, families and young people

We worked with Young People Cornwall who asked our engagement questions to nearly 200 young people through their college support hubs and we spoke to young people during large community events such as Connecting at the Court, Royal Cornwall Show, Armed Forces Weekend, Cornwall Pride and Lostwithiel Carnival Charity Day. This feedback helped shared the 'Start well' section of these findings.

This comment provides a useful summary of the feedback we received from the young people: *“Making Cornwall and Isles of Scilly healthier involves better healthcare access, promoting healthy lifestyles, investing in communities and prioritising mental health.”*

On what would make Cornwall and Isles of Scilly a healthier place to live, young people told us:

- More recreational activities and safe ways to socialise - many organised activities seem to stop at age 12.
- Affordable fitness and access such as gym sessions (not free necessarily due to stigma)
- Affordable and accessible public transport to reduce rural isolation and increase access to activities
- Feeling safe in their community linked to perceptions of criminal activity* and the impact of anti-social behaviour, sometimes homophobic behaviour and safety of young woman
- More mental health support through schools and colleges.
- Better access to all NHS services for young people including mental health and addiction services.
- Cracking down on vaping and smoking in young people.
- Looking after the environment and promoting/more opportunities for young people to enjoy the environment.

Fishing community feedback

Seafit events: Padstow, Hayle and Newquay

- Many barely used the health service, except if they had had an accident or needed emergency treatment.
- Pattern of work – such as ‘week on’, ‘week off’ basis – impacted access
- High level of mental health support required – anxious and carrying lots of worry
- Find it hard to make urgent and face to face appointments due to work patterns

What is helping and need to do more of?

- Importance of bringing services to this community (Seafit Programme)
- Providing a flexible way for people to make appointments and change them
- Provide out of hours access
- Consider longer prescription periods

“One very interesting case with a chap who often runs out of – therefore doesn’t take – his repeat meds for long spells at a time, due to turnaround for prescriptions from ordering to collection (he’s back at sea by the time it’s ready to collect). GP practice will (can?) only issue 30 days supply at a time. One of those cases where we wished we could change things to help him!”

Anne Randolph, Communications and engagement officer (primary care)





People with Hearing Loss feedback

Over 40 people attended two separate events in July 2023 and January 2024. Two BSL interpreters enabled two-way communications and feedback to be collated. **Feedback covered 3 main themes:**

1. The need to have hearing awareness training across the system for frontline staff to understand the needs of deaf people
2. Improving access for deaf people in the ways they need
3. Improving how services are delivered to meet the needs of people with hearing loss

Deaf people told us that many NHS services were accessed by phone – calling your GP or using a mental health helpline - which aren't easy for with hearing loss to access.

What could help:

- Staff across services being more hearing loss aware and knowing practical things they can do to help people who are deaf
- Use text/relay access to enable people to communicate across all services
- Knowing which of your patients are deaf and understanding what communication/access best suits them
- Booking BSL interpreters if your patients need them, use a hearing loss toolkit and use 'easy read' in your written communications where needed



Pride events

We attended a series of Pride events in partnership with colleagues from across the Integrated Care System, gathering feedback and promoting recruitment opportunities.

What was clear from our conversations:

- LGBT+ people have disproportionately worse health outcomes and experiences of healthcare due to the way they are treated (or fear being)
- We met many people who are afraid to access our health services due to negative experiences because of their sexual orientation or fears about how their gender identity would be perceived. Many people simply avoided accessing services altogether.
- Trans respondents wanted better access to gender affirming care/ services and more kindness, some told us they were self-medicating their transition



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Older people feedback



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Happy voices singing group– a group for people with Dementia and their carers. The group spoke about:

- Fears and uncertainty when dementia diagnosis was given
- Lack of respite support and fears over long term decline
- Need more advice to manage the day to day living with Dementia,
- Good support for crisis but want help with 'living with Dementia
- Central place to access advice – lots available but overwhelming
- Need for financial advice for care costs, savings and access
- Support groups were 'lifeline' to individuals and carers

Carers café - a support group for carers told us:

- About carers guilt – overwhelmed, stressed, wanting it to end
- They were unsure of what support is available – hard to navigate
- As carer they found it hard to access medical records on behalf of the person they care for
- Importance of own well being but not having time for self care
- Unsure of accessing financial support – does my mum need to sell her home?
- Issues with digital access – not sure how too, forgetting how to and not having internet at home

Creative crafts – open to all older people

- Explaining medical conditions in easier to understand way
- Need for 'non medical' support to be offered by GP
- Male health professionals to understand needs of older woman



Women's mental health feedback



**Cornwall and Isles of Scilly
Integrated Care System**

We attended a series of Your Voice Cornwall events, which provide a support network for women affected by mental health, across Cornwall. They offer peer support groups, activities and other resources to help women come together and support one another in their mental health journeys

People told us:

- Treatment of people with mental health needs to be equal to physical health
- Lack of access to support was damaging their mental health and leading to crisis, which many felt could have been averted if early intervention was offered
- Experiences of going to ED when in crisis had been traumatic
- These support group were vital lifelines – many also spoke of other valuable community-based care they received
- BUT many hadn't found out about this until after going into crisis – they wanted more focus on prevention and less 'medical' interventions
- Understanding hormonal impact and stages of a woman's life – from being a teenage, suffering heartbreak to pregnancy, children, menopausal and growing old all have an impact is vital
- Many said some 'men' in the health profession dismissed or misunderstood their health concerns



Rural communities feedback



**Cornwall and Isles of Scilly
Integrated Care System**

We promoted our survey and engagement activity through Cornwall Council's rural mobile libraries, visited rural events and attended Cuppa Companions Groups, who hold regular coffee morning across Cornwall for local people meet new people, make friends, reduce isolation and find out what's on in their area. These groups are supported by Volunteer Cornwall and social prescribers. **A summary of conversations highlighted:**

- Arranging carers and access to respite in rural locations were difficult
- High cost of using public transport and travelling to attend health appointments was often a barrier for being able to access services.
- Examples of lack of face-to-face GP access leading to mistakes and wrong diagnosis (given for Wadebridge & Camelford practice)
- Mental health services to support victim of crime is lacking e.g. harrowing story of lady who was raped and not being able to access services after a specific timeframe
- Ambulance services – lots of positive experiences and compassionate staff
- Lack of digital knowledge and confidence – always do forms wrong and left without help – GP appointments, prescriptions all done online

What would be helpful:

- Being kept informed while on the waiting list for treatment with practical advice offered while they wait on what they can do to help themselves
- Keeping single people and house bound register – people told us they liked the regular phone calls/support services offered during Covid-19 pandemic
- Community buddying schemes to help people when discharged from hospital or to try attending new groups
- Volunteer transport to help those without cars to access appointments



Isles of Scilly community feedback

We visited the Isles of Scilly and carried out face to face engagement and held a focus group in May 2023.

People told us:

- The need for joined up and responsive health and care services that work for whole community tailored to out remote location and needs
- Properly funded health promotion services on the islands such as smoking cessation
- Pharmacies properly funded to deliver vital services that cannot be lost.
- Full variety of dental services available for Islanders e.g. dental hygiene appointments, Xray
- More information on clinical 'centres of excellence'
- Continuity and faster access to see GP
- Reduce errors in prescriptions
- Making travel easier. Some people refuse treatment, especially off-islanders because of travel.
- Chemotherapy drugs supplied locally?
- Design local services with local people



Roma, Gypsy, and Traveller community feedback



**Cornwall and Isles of Scilly
Integrated Care System**

Roma, Gypsy, and Traveller community feedback

A survey around health service access, education and barriers to healthcare was conducted at one of the Cornwall Council owned Roma, Gypsy, and Traveller sites. Some of the results of the survey are captured below:

Accessing primary care services

- General practice and the Minor Injuries Units were the most likely to be used to access healthcare
- Face-to-face consultations were the preferred choice over telephone or e-consultations
- Literacy was a common barrier to accessing health services
- Over half of respondents had access to private transport to attend health appointments with the remainder relying on public transport or support workers to accompany them to appointments
- Most respondents reported difficulty registering with a dentist and there was frequent use of the emergency dentist reported to access any dental care

The perceived prejudice of health staff was also reported as a barrier to access. Some respondents reported this as a reason they would not attend health appointment with concern about being judged by staff.

Reported health status and beliefs

- Most described their overall health as good to fair but there were fewer respondents reporting their mental health as good with more reporting their mental health as either fair or poor
- Only half of respondents reported to be vaccinated though respondents were more likely to get their children vaccinated.

People living with diabetes feedback



Cornwall and Isles of Scilly
Integrated Care System

We heard from people who have diabetes at a community event - Diabetes UK Community Day in July and at a super clinic in Jan 2024. We captured feedback based around the life stage themes of the ICS strategy.

DiABETES UK
KNOW DIABETES. FIGHT DIABETES.

Start Well

- Make it clearer what is healthy for our children so healthy eating starts earlier
- Improve access and knowledge about affordable health food
- Make healthier vouchers easy to apply for
- Bring communities together with healthy food
- Local support for young people including peer support
- Young people with complex conditions feel supported
- Use/promote outdoor (water and land-based activities) as ways to reduce isolation and improve mental health for young people

Live Well

- Promote manageable and affordable diets for people with diabetes
- Support and care for people waiting for treatment/ services
- More one stop shop diabetes 'super' clinics for me and professionals
- Provide a central place for me to access information that I need

Live well continues

- Consistent advice from health professionals
- More information / advice sessions for complex medical conditions
- Easier to understand weight loss information
- Make weight loss/ healthy eating session programme run for longer periods especially for those with lots to do
- Low cost or free leisure/ activity sessions offered
- Collaboration with leisure sector to offer easier and low cost access to physical exercise

Age Well

- More local-based care for older people so they are closer to their loved ones
- Promote healthy eating for single people
- Explain how a older person can keep fit easily
- Understanding the technology and equipment that is available
- Sign up to alerts about with advice/ news of events for people with your medical condition

Helston Diabetes Support Group – our experiences of living with diabetes



People living with cancer

We attended Cancer support groups and also spoke to people who told us they had recovered from cancer across our engagement.

Here is a summary of what people told us:

- Access to screening being local and easy to attend (and change appointments) were praised and appreciated
- Many felt the cancer screening programme were effective, however men were keen to have similar offer for them/male cancers
- Some examples of GP's not taking requests seriously when women raise concerns about cancer symptoms including being told to come back in 6 months time or being treated for different things – which is at odds with cancer advice being promoted to woman and advising them to get 'checked'
- Support for more prevention and well being advice to raise awareness of healthy living and how it can prevent cancer in the long term
- Worries about why NHS supported vaping to reduce people smoking and the impact of vaping for younger people who may not have smoked but are now vaping
- Cancer treatment was praised, with caring staff and excellent level of treatment was spoken about by everyone we met
- Fears about 1 in 2 people having cancer
- Concerns were raised around the importance of cancer aftercare, and some felt uninformed about long term impact of some types of cancer treatment on woman's health including their mobility



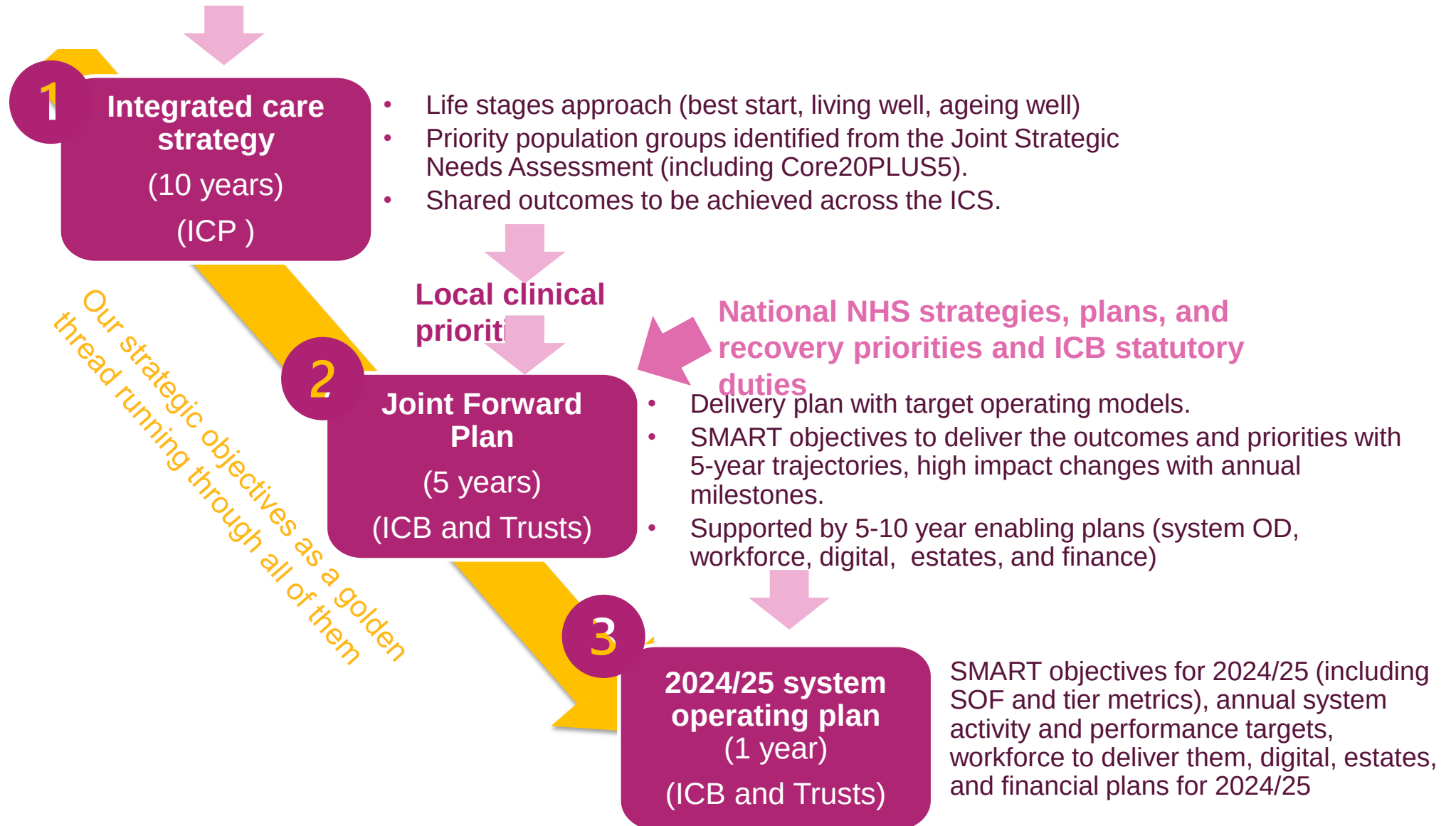


What next?



True North strategic objectives (People, Prevention, and Place)

How they fit together – our feedback will be used in 3 different areas





So what next?

- **Internally** - we will present findings to all ICB teams, share with our patient experience/engagement network and across the ICS.
- **Externally** – we will publish the findings on our website and share with interested audiences.

Using findings to make changes and improvement

- We want to use the findings to make changes and improvements across health and care services.
- We plan to develop a series recommendations that show what people have said and what change or improvement is needed.



Get in touch and useful links

If you would like to discuss the engagement approach and findings, please get in touch:
ciosicb.engagement@nhs.net

[Sign up to receive our Cornwall Together bulletin which includes latest engagement opportunities](#)

[Visit our 'Get involved' section on our website - NHS Cornwall and Isles of Scilly \(icb.nhs.uk\)](#)