



STOCKPORT
METROPOLITAN BOROUGH COUNCIL

Stockport 
Primary Care Trust

Stockport JSNA

joint strategic needs assessment

JSNA Digest - Voice

November 2008



Voice – Perspectives of patients, clients, service users and the public

In undertaking the JSNA both the Council and the PCT need to work together to ensure that local community views help shape services.

As part of the JSNA process a public leaflet has been designed and distributed, asking residents to test and comment on the priorities identified after the initial JSNA analysis. This consultation will enable us to ensure that the priorities we've identified are the right ones.

Testing these priorities, however, is not enough and in the future we will need to incorporate voice at a much earlier stage, at the point when we identify the priorities. To do this Stockport's JSNA team has the ambition to gather the perspective of patients, clients, service users and the public as proactively as possible so that when we next analyse the data fully and set priorities we already know what's important to the public.

This, however, does not mean that we need to conduct more consultations and increase the burden on an already consultation weary public. Instead we intend to bring together what people are already telling us in many different ways; for example through LINKs, existing consultations, customer satisfaction surveys and complaints; to form a comprehensive and coherent understanding of the views of the public.

Over the course of 2007/2008 at least 4 major consultations have been undertaken in Stockport, this digest aims to give brief summaries of the findings of these and to draw out common themes and messages that emerge. This is intended as the first attempt at producing a comprehensive view of voice and will develop further through the coming year.

The eight touchstone tests for health and care services in Stockport

Over the summer 2008 Stockport PCT commissioned a public consultation as part of the local Darzi work and for development of the PCT Strategic Plan. The results of this consultation have been summarised into "Eight Touchstone Tests" which have implications for any services we commission or provide to the public.

The eight touchstone tests are listed below and are not in any order of priority. These touchstones are expressed from the perspective of a typical member of the public and they are based on the key themes that the public told us about during the patient consultation.

I. I will receive clear and appropriate information at the point of contact about my condition

How will I know?

- Information will have been given to me in a way that was understandable and sensitive to my needs
- Information given to me will always have included a diagnosis - or a reason why a diagnosis cannot be made - along with options for treatment, and advice about both NHS and other service providers (such as voluntary sector organisations) who can give me more support

2. The clinic I attend will have an environment which is suitable for the service provided.

How will I know?

- There were enough staff and the space was large enough (including waiting areas) for the number of people using the service
- Privacy and confidentiality were respected
- The service treated me as an individual, and was a pleasant place in which to be cared for

3. I will be aware of the full range of services available to me.

How will I know?

- After diagnosis my clinician will have given me a range of treatment options from which I felt able to choose the one that was best for me
- I will have been given clear information about a range of health services so that I was aware of where I could go for different services

4. I will be listened to and treated with respect by staff.

How will I know?

- Clinicians and other staff will have shown that they have thought about my needs as an individual, and that they have been caring and helpful at all times
- My personal circumstances have been considered during my assessment, treatment, and discharge
- The needs of carers, as well as those who are being cared for, have been taken into account
- The feedback I give has been welcomed and acted upon.

5. The service I receive will be individually tailored and personalised

How will I know?

- A clear “care plan” will have been agreed by me at the beginning of my treatment
- I will have been given the name of an NHS employee who has been there especially to give me information and support throughout the period I have been treated. This contact will have been available both in person and on the phone
- NHS information leaflets and websites will have been up to date and easy to understand

6. The discharge process I experience will be well explained, efficient and timely.

How will I know?

- I will have been involved in planning my discharge from hospital. My personal circumstances (such as my caring responsibilities) will have been taken into account
- Many different organisations, including voluntary services, will have been considered for after-care and discharge
- Statutory services, such as social services, and the NHS itself have been working together to provide a well-run after care service

- Medical staff will have ensured that I received the right medication to take home in time for my discharge

7. Health care will be provided at times and locations that I can attend

How will I know?

- Health services will have been available at times when I can conveniently attend. Evening and weekend appointments will have been offered
- I will be aware of mobile health and screening services, including those in my place of work
- Health professionals will have taken into account that I have other important commitments and appointments (including work and caring commitments)
- Appointment times will have been kept to time as much as possible. I will have been told as soon as possible about any delays
- I will know about the general health advice and awareness raising activities available in my neighbourhood.

8. Services for mental health services will be easy to access and personalised

How will I know?

- Waiting times for all services, including psychological services, will be better than in previous years
- As a mental health service user, I will have been given different options for my treatment. These will have included appointments with a specialist mental worker, as well as use of computer-based programs such as computerised cognitive behaviour therapy (CBT)
- My GP will know about the mental health services that meet my needs, and they will have been able to tell me about a range of different services both in the NHS and in the voluntary sector.
- I will have observed that the PCT has helped to reduce the stigma of mental ill health by giving training and information to their staff and making sure other professionals in the community (such as the police) are aware of mental health services and illnesses
- There will be someone at each GP practice who has a specialist understanding of mental health issues

In the future the PCT will carry out regular surveys and use other ways of consulting patients to see whether these tests have been achieved.

Citizens Panel – Staying Healthy

This summary presents the findings of the Stockport Metropolitan Borough Council Citizen's Panel 'Staying Healthy' Survey. The survey carried out in June 2008, covered the following issues:

- Factors that are perceived to have an impact on health
- Action that individuals have taken to 'stay healthy'
- Health check ups/screening that individuals have attended
- Contraception and sexual health services that individuals have used
- Sources of advice and support with regard to 'staying healthy'

Factors affecting health

Stress is most likely to be viewed as having a significant impact on health (54% of all respondents cite it). It is more than twice as likely to be highlighted as having a big impact on health as any other factor including; smoking, poor diet, work, alcohol etc.

The majority of respondents (81%) say they have watched what they eat in the last year. Around two-fifths say they have cycled/walked for fun and/or undertaken sensible drinking.

In terms of what respondents would like to do to stay healthy in the future, watching what they eat remains top of the list. Around half the respondents cite health checks/GP checks, losing weight, sensible drinking, cycling/walking for fun and/or exercise/gym.

There is recognition of the need to lose weight amongst the majority of respondents that are classified as obese.

Family and friends are particularly significant in terms of providing support to individuals wishing to stay healthy. The traditional outlet of their GP/practice nurse is the second most frequently cited source of support, particularly for older respondents.

Health check ups and screening

Three-quarters of male respondents have been invited to any health checks/screenings and this is most likely to have involved a general health check which includes cholesterol and blood pressure checks.

A higher proportion of female respondents have been invited to health checks/screenings; nearly all in fact (all but 3%). This is most likely to have been a smear test. The likelihood of being invited to any is strongly related to age.

The majority of respondents that have been invited to health checks/screenings have attended them (91%). Those classified as obese are slightly less likely to have attended any health checks/screenings.

The main reason for attending health checks/screenings has been to make sure they stay fit and healthy and there is some awareness of the need to prevent future problems and/or receive an early diagnosis of any health conditions.

Being too busy or under pressure at work is the most frequently cited reason for not attending a health check/screening.

Contraceptive and sexual health services

Just over half of all respondents did not feel that the issue of contraception was applicable to them. The proportion is higher amongst men than women.

Respondents are equally likely to cite the local GP and the local pharmacy as services they would use if they required contraception. Female respondents are more likely to cite their GP. They are also more likely than men to cite the community contraception and sexual health clinic.

Respondents are most likely to cite their GP as the service they would use if they had a sexually transmitted disease. However, one in three younger respondents say they would go to the community contraception and sexual health clinic.

Health information and sources of advice and support

The internet is the most preferred method of getting health information (52%), followed by a health centre (42%). 80% of the under 35s rely on the internet for such information, however this proportion drops to 24% of the over 60s.

In terms of the way in which employers help them to stay healthy between one in five and one in three respondents each stated health checks, flexible working, on-site exercise facilities and/or shower/storage facilities to support walking/cycling to work.

The local GP is by far the most frequently cited source of advice and support on staying healthy. Three-quarters of respondents say they would ideally like to go to their GP for advice and support and this proportion is even higher amongst the over 60s (84%).

Around two-fifths of respondents each cite a pharmacy/chemists (43%) and/or the internet (42%); the latter being more likely to be cited by the under 35s.

All Our Tomorrows – Future Needs of Older People

Age Concern conducted a survey to complement an earlier consultation (from August 2007) conducted by the Council Citizen's Panel which focused on the future needs of older people. The Age Concern survey was carried out towards the end of 2007 with individuals that have been in touch with them, 860 people responded, mostly females (79%) and the very elderly (44% aged 80+). The following findings were made by the survey:

Suitable Housing

There is an almost unanimous view that it is important that there is support to help people live independently and that there is a need amongst older people for suitable housing locally, however there is some evidence that people feel that the support services delivered locally to ensure that this is the case are lacking to some extent.

Feeling safe

Most respondents feel safe inside their home or walking outside in their local area in the daytime. Fewer (67%) respondents feel safe outside in Stockport town centre during the daytime and just 20% feel safe walking outside in their local area alone after dark. Respondents who feel unsafe are most likely to cite fear of personal attack and lack of police presence as the reasons why. Fear of intimidation or harassment because of their age is also a key reason for feeling unsafe, particularly for respondents that feel unsafe when walking alone in their local area during the day.

Being able to get out and about

24% of respondents stated that they don't get out much or at all, and 23% said they could only get out and about with support from family, a carer or friend. Health and mobility issues are major barriers.

Health and healthy living

Nearly one in five respondents (19%) rarely take moderate physical activity, while just over one in ten (11%) never do. Health problems, illness/disability and mobility issues are reasons cited for not undertaking moderate physical activity.

Over three fifths of respondents (61%) feel that they eat a health balanced diet but one in seven (15%) do not consider that they do because they live on their own and do not feel like cooking for themselves.

Just over a third (36%) feel they get the support they need from health and social care professionals without any difficulty. Nearly one in four (24%) feel they don't have any problems that require support and a further 14% did not provide a response. One in seven (15%) feel they don't get any support and it is not clear how this can be interpreted, whether they need support and are not getting it or do not need it at all. There are two main barriers to receiving support that is needed. These are problems with mobility (15%) and not knowing who to contact (13%).

If respondents were feeling anxious, lonely or unhappy nearly two-thirds (66%) would speak to family, nearly half would speak to a friend and nearly a quarter (22%) would speak to a GP. The comparable figures in the Panel consultation were 71%, 55% and 32% respectively. It suggests that respondents in the Age Concern sample, who are older and more likely to be disabled, are less likely to feel they have someone to talk to when they feel vulnerable.

Being involved in your community

The main reasons why respondents might find it difficult to be involved in social, community, voluntary, learning or recreational activities revolve around health issues, illness/disability and mobility.

One in seven respondents (14%) feel there are areas of their life in which they felt they had been treated differently because of their age.

Being financially secure

In terms of preparing for retirement, just under four-fifths of respondents (79%) feel they have been able to prepare well for having a suitable place to live while more than half (56%) have been able to prepare well for having things to do. Three-fifths of respondents (59%) have been able to prepare well for retirement financially, while two-fifths (41%) have prepared well for having a good social life.

Receiving information

The most popular methods of receiving information include: face to face at an information office, only when they ask for it, leaflets and newsletters available to pick up and/or via the media, fewer specific leaflets and newsletters sent to their home.

The majority of those providing a response (81%) agree that they would like to see better promotion of what already exists.

Around a quarter of respondents (24%) have access to the internet which is much lower than the figure reported in the Panel consultation (66%). Home internet access is most common.

Overall importance of themes

Respondents place most importance on suitable housing, feeling safe, being financially secure and health and healthy living. They are most likely to be satisfied with housing, followed by financial security and feeling safe. They are least likely to be satisfied with being an active member of their community, but then this is also relatively low on their list of priorities too. Otherwise, the largest gaps between importance and satisfaction are regarding being able to get out and about and being able to find out information they need.

Social Marketing Project – Smoking Cessation

Stockport is one of ten demonstration projects throughout England which are piloting social marketing approaches for Public Health in partnership with National Centre for Social Marketing. Our local project is based in the Brinnington estate and is focused on the issue of how to increase smoking cessation in this area. Brinnington was chosen as it has the highest recorded prevalence of smoking amongst adults in the borough (53%, Stockport Neighbourhood Renewal 2007).

Social marketing is an intelligence led health promotion technique and has been defined as “the systematic application of marketing concepts and techniques to achieve specific behavioural goals relevant to improving health and reducing health inequalities”. The key element of this technique is customer orientation; in other words obtaining a deep understanding of the local population in order to target them with appropriate messages. The diversity of populations means that employing a ‘one size fits all’ approach for health promotion is usually unsuitable; a campaign that runs successfully in Bramhall may not be suitable to the population of the Brinnington. It is therefore important to gain the right local picture to allow the social marketing campaign to have maximum impact.

It is envisaged that social marketing will increase both the numbers of people entering the smoking cessation service and also number of people who quit successfully once they’re in the service in Brinnington by ensuring the services in the area are designed for the local population. The Brinnington project’s two key parts are:

- service redesign and improvement so that customer desires, tastes and needs are met
- communications tailored to target local client motivations and local barriers regarding smoking cessation

To effectively do this extensive consultations have been undertaken with community to establish what local residents want from local smoking cessation services.

The key messages from the consultations include:

- Positive motivation messages which help people in Brinnington to stop smoking include better health, alleviating financial concerns, protecting children and giving people a new lease of life.
- Residents want to feel in control of their own quit attempt and also want to feel that the community has a say in the type of support that is offered.
- Word of mouth recommendation from other residents and a good reputation locally are vital to a service being seen as relevant and effective, these are more important than either professional recommendation or promotional material.
- Services need to be flexible, supportive, and must respond quickly to patients needs.
- In general men prefer individual (i.e. one on one) services available in locations like the gym and at times out of working hours.

- On the whole women tend to prefer group services which are available close to childcare and during the day.
- Encouragement, recognition and praise for people who quit smoking are vital to overcome the isolation that quitters feel in a community where smoking dominates.

Following the consultation actions have been identified and project is now in its final preparation stage before interventions roll out in 2009. The following new initiatives are being developed:

- **Two new smoking cessation services for Brinnington** - one predominantly for men based at a local gym and one predominantly for younger women with children based at the local Children's Centre.
- **A communications strategy** - including a public media campaign designed with local residents entitled 'Lose the Fags' which features photos of real local people who have 'lost the fags'.
- **A roadshow** - smoking cessation advisors and key community workers will run a roadshow where recruitment through word of mouth will be a key aim.
- **Direct Marketing** - ways to share contact details of people using various health improvement services in Brinnington will be explored.
- **Incentivisation** - A programme of incentives is planned for next year including 'introduce a friend' months and congratulations for 3, 4 or 5 consecutive visits.
- **Public Relations** - a launch for each new intervention is planned plus a stakeholder lunch to launch the creative work.

Once the initiatives have been implemented an evaluation of the social marketing pilot will be undertaken to assess the effectiveness of the projected. It is hoped that this will demonstrate the power of designing services which meet the voiced needs of the population.

Key message from the 8 touchstone tests for health and care services:

- Organisations need to ensure that they can demonstrate how the services they provide meet the 8 touchstone tests, or how these tests have been incorporated into service specifications for services commissioned from other providers.
- Particular note should be made that:
 - Patients want more accessible services, both in terms of times (opening days and hours) and place (new settings).
 - Patients want communications to be improved, so that they have the right information at all times.
 - Patients want personalised and tailored services
 - Patients want a more joined up service, so that different providers of care work together seamlessly. There are especial concerns in the links between primary and secondary providers at the point of discharge from hospital.

Key messages from Citizen’s Panel – Staying Healthy

- The importance of stress as a negative effect on health needs to be recognised by all health and care workers. Residents highlight this issue as having a bigger impact on their health than smoking, drinking or diet.
- Watching what they eat is the most common response when people were asked what they would do to stay healthy in the future. This suggests that healthy diet messages, especially targeted at families, are the most likely to be acted upon.
- When providing health and care information we need to target material appropriately, for younger adults more use of the internet and technology should be made, however when targeting older residents printed materials such as leaflets and newspaper articles are likely to be most effective.

Key messages from All Our Tomorrows

- Respondents place most importance on suitable housing, feeling safe, being financially secure and health and healthy living. The largest gaps between importance and satisfaction are regarding being able to get out and about and being able to find out information they need; this suggests that services need to improve in these ways.
- Health and mobility problems are the major barriers to getting out and about and services should think about the ways in which they can promote access for those who find it most difficult to get out and about.
- Residents want better promotion of services, for older people the most popular methods of receiving information include: face to face at an information office, leaflets and newsletters available to pick up and via the media (television, radio etc).

Key messages from Social Marketing for smoking cessation

- Positive motivation messages which help people to stop smoking include better health, alleviating financial concerns, protecting children and giving a new lease of life.
- People want to feel in control of their quit attempt and want to feel that the community has a say in the type of support that is offered.
- Word of mouth recommendation from other residents and a good reputation are vital to a service being seen as relevant and effective, these are more important than either professional recommendation or promotional material.
- Services need to be flexible, supportive, and must respond quickly to patients needs.
- Men prefer individual (i.e. one on one) services available in locations like the gym and at times out of working hours.
- Women prefer group services which are available close to childcare during the day.
- Encouragement, recognition and praise for people who quit smoking are vital to overcome the isolation that quitters feel in a community where smoking dominates.