



**Final report
to enhance seldom heard
engagement for K&M STP**

Prepared and submitted by
Engage Kent
13/10/2017



Overview

This is the final report, building on the interim report dated 21/8/2017.

We have engaged with all 17 of the agreed targeted seldom heard and protected characteristic groups identified in the project brief, either through digital or face to face methods. We continue to try and reach deeper into current serving military personnel and have a few remaining visits building relationships with veterans at events organised by the RBLI and the armed services network.

This report highlights the headlines heard during the outreach engagement activities. We haven't undertaken a full thematic content analysis as another independent agency has been contracted to analyse all public feedback. The headlines are based on reflections from facilitators of what key issues were raised, what they felt they heard most about and what conversations took up most 'air time'.

Key deliverables of the project

- Targeted outreach engagement
We have visited 15 targeted seldom heard groups in a programme of outreach engagement visits and talked to 158 people.
- Targeted digital messaging
We have been able to generate a targeted digital cascade of agreed materials with organisations, networks and forums to reach seldom heard groups and protected characteristics agreed in the project brief.
- Public feedback
Full Facilitator notes from 13 outreach engagement sessions have been produced and shared for further analysis.
- Creation of e-briefing - Appendix 1
Content drafted based on existing STP materials and signed off by Jude. This forms the basis of the digital cascade.
- Creation of short social media version - Appendix 2
Organisations have requested a short text piece for use on their social media and websites which will then drive people to the K&M STP website
- Creation of shortened PowerPoint - Appendix 3
Lifted from previous STP PowerPoint presentations and signed off by Jude
- Creation of discussion materials & facilitators guidance notes and feedback form - Appendix 4
Using key slides from agreed PowerPoint presentation as discussion tools to engage seldom heard groups in meaningful discussion.

- Creation of feedback / monitoring form - Appendix 5
Using demographic profile groups from previous STP listening events and tailoring to fit the seldom heard outreach engagement activities

Who have we engaged?

The table below set out the methods we used to engage each of the agreed seldom heard and protected characteristics groups.

Protected Characteristic	Target group tag	Message	Digital -via networks across Kent and Medway	Face to face outreach in East Kent
Age	children and young people	General case for change	Confirmed distribution to 120 Youth Orgs for sharing & 90 Youth Council members Facebook 500 followers	YES
	Older people	Service specific	Confirmed distribution direct to Forum members in East Kent and West Kent and 50 organisations.	YES
Disability	People with dementia	General case for change	Confirmed distribution direct to support group members in North Kent Still following up other areas	YES
	Physical disability	General case for change	Confirmed distribution to 75 Organisations for further cascade via newsletters etc	YES
	Communication impairments	General case for change	Confirmed distribution and website Hi Kent.	YES
	Mental health problems	General case for change	Confirmed distribution to Mental Health Action Groups and cascades to facebook pages and direct to client groups	YES
	Carers Groups	General case for change	Confirmed distribution via carers organisations with combined reach of 25,000 carers. Many distributions are in hard copy newsletters as this client group not use digital media	YES
	young carers	General case for change		Not targeted for face to face visit
	People with learning difficulties	General case for change	Confirmed distribution by with Valuing People providers	YES
	Special Educational needs	General case for change		YES
Gender reassignment	Gender reassignment	General case for change	Confirmed distribution to membership of support groups	YES
Marriage and civil Partnerships	Marriage and civil Partnerships	General case for change		
Sexual orientation	lesbian, gay, bisexual (LGB)	General case for change		
Health Inequalities	Housing Associations	General case for change	Confirmed distribution to all Housing Associations for further cascade to homes across Kent	Not targeted for face to face visit
Rural isolation		General case for change	Distribution to Rural Action Groups for cascade to members	Not targeted for face to face visit

Protected Characteristic	Target group tag	Message	Digital –via networks across Kent and Medway	Face to face outreach in East Kent
Inclusion Health Groups	Migrant Communities	General case for change	Distribution via Migrant Communities network to 260 individuals	Not targeted for face to face visit
	gypsies and travellers	General case for change		YES
	substance misusers	General case for change	3 organisations have confirmed distribution direct to clients	YES
	homeless people	General case for change		YES
	Long term unemployed	General case for change		Not targeted for face to face visit
	Serving Military personnel		Following up email	
	Ex service personnel	General case for change		YES Further visit planned Oct 2017

Who did we speak to?

We spoke to 158 people during the outreach engagement visits. We asked people to complete a monitoring form and 95 people completed these.

The majority of people we spoke to due to the nature of the groups that were targeted, considered that they, or a member of their household, had a long-standing illness, disability or infirmity, hence the numbers indicated are higher than the number of respondents

Do you consider yourself to have a disability on long term condition?	
Yes, I do	53
No	20
Yes, someone in my household	24
I would prefer not to answer	3
Total	100

AGE	
Age 13	2
Age 14	4
Age 15	5
Age 18-20 years	1
Age 21-29 years	3
Age 30-39 years	6
Age 40-49 years	16
Age 50-59 years	18
Age 60-69 years	17
Over 70	23
Total	95

ETHNICITY	
English/British	3
English	1
No response	38
White	16
Caucasian	1
White British	20
White English	1
British	9
White European	1
IDK	1
Mixed	1
White Caribbean	1
Asian	1
Total	95

GENDER	
Male	33
Female	60
Transgender	2
Total	95



What did we hear?

What did people say about their experiences of current challenges?

The most frequently raised challenges regarding health care in East Kent fell into 5 themes;

- Access to GP services
- Discharge planning and aftercare
- A feeling of 'chaos' in A&E
- Access to mental health services
- Waiting times for follow up care packages and in getting a diagnosis;

What did people say was important to them?

Each session presented the group with a slide setting out statements about what other people had said was important to them.

People were asked to pick out what was most important to them and to see if anything was missing.

There was a strong sense of agreement that people don't want to go to hospital if they don't need to.



What's important to you

- You **don't want to go to hospital** if you don't need to
- You want to go to **specialist centres** for the most specialist treatment
- You want care **as close to home as possible** e.g. more outpatient appointments locally
- You want us to **improve discharge from hospital** for people who need further care
- You want **people to talk to each other**

There was a strong sense of agreement about accessing specialist services, but with some cynicism that this was a leading statement 'who wouldn't want to think they were seeing a specialist?' One person raised a fear that they would not be able to see the lead consultant at a local clinic and that they wouldn't want to miss opportunities for medical trials or other innovations that they felt would only be offered by the lead consultant at the main hospital clinic.

There was a strong sense of agreement that people want to be treated as close to home as possible for outpatients appointments.

Improving hospital discharge was the comment that evoked the greatest discussion and most emotive stories of personal experience. It was strongly agreed that this area requires the most improvement.

There was very little discussion or comment about the statement regarding 'people talking to each other'. Some groups took this to mean more peer support rather than more integrated communications across services.

What people felt was missing

- We want more mental health services, both in an emergency and in the community.

- We want to be able to get GP appointments.
Some people we talked to were experiencing closures in their GP surgeries and were anxious about being able to find a new GP. Many people told us about long waiting times to get a GP appointment and difficulties accessing emergency appointments. There was a general sense that if GP services are accessible then the whole proposed model won't work.
- We want to be able to get medication queries sorted quicker.
People told us that they often find they need quick advice about a medication issue, but that the inability to get a GP appointment has meant they had gone to A&E or used an ambulance service paramedic to resolve the issue.
- People with substance misuse issues, told us that they often felt staff to be disrespectful and judgemental. We want to be treated respectfully.
- People identifying as transgender raised the need for gender neutral wards and toilets. We want to be treated in appropriate comfortable spaces.

What did people say about the proposed model?

There was a general sense of accepting that things had to change. There was recognition that hospitals had already had some local changes and that travelling between the East Kent hospitals was already common practice for different appointments.

Main themes within the feedback;

Travel

Many groups raised concerns about travel in terms of

- Costs - traveling costs can sometimes mean that those on low incomes are choosing to travel rather than eat on days they have appointments
- Need for easy affordable daily travel to see loved ones who are in hospital and a desire to support hospitals in daily care
- Ensuring that public transport services are planned to support access to healthcare services, as some people reported problems with some main entrances to current hospitals not being on a current bus route
- The blind community raised concerns about feeling confident that their needs had been taken into account when planning services and that support was available for navigation around new hospitals
- The time it could take to travel to a specialist hospital in event of an emergency such as a stroke.



Needing more assurance

People raised concerns that although the model seemed sensible and logical they were doubtful about the ability of staff to coordinate and deliver such a vision 'It sounds lovely, but can you recruit to the new structure?'

Walk In centres and minor injury units

Walk In centres and minor injury units were generally talked about in very positive terms, with the only concern being the limited daytime hours.

Other notable comments from specific seldom heard and protected characteristic groups were;

- Substance mis-users and mental health groups highlighted the need for discharge planning to include housing and other basic living needs.
- Parents and carers of children with disabilities raised the need to ensure ease of access to services during the night
- Gypsy and Traveller communities requested more accessible information and support during consultations

Appendix 1 - E briefing

If we could start from scratch to design our NHS and social care services today, we probably wouldn't create the system we have now.

All of us, the people who use services, are changing. The good news is we are living longer, but this means the way the NHS and social care work needs to change to meet the needs of an ageing population.

We are living with more long-term conditions, such as diabetes, dementia and heart disease which increases demand for health and care services.

But the type of services we need are not necessarily the same sorts of services we have always had.

Some of our services were designed to meet the needs of people in the 1960s, 70s, and 80s. We know there are better ways of organising how we care for people.

For example, we offer a lot of tests, treatments and services in big hospitals which could be safely offered in people's homes, health centres or local communities.

We also don't have enough professionals working in local communities in a joined-up way. Our current ways of working mean it is harder to support people who have a number of health and care needs.

People who are frail, or who have multiple health conditions, can quickly get unwell and end up in hospital.

This is because we don't always spot when someone is at risk of getting worse early enough, and then put the right care in place in their home or community so they don't need to go into hospital.

What's more, we aren't making the most of opportunities to improve health and well-being, prevent illness and support people to manage existing conditions and stay independent.

While most of the contact people have with health and social care happens outside of hospital, we spend most of our budget on acute hospital care because big hospitals cost more to run than community services.

We know we could safely deliver more services in local communities, more cost-effectively and more conveniently for local people.

For the first time all NHS, social care, voluntary and community sector organisations are working together to improve the care we provide to you and your family. This work is called the Sustainability and Transformation Partnership for Kent and Medway.

We have four priority areas:

- preventing ill health,
- local care,
- hospital care and
- mental health.

Work is already happening to make improvements in these areas.

How will the new way of delivering services benefit you?

You can expect to see:

- joined-up services to treat and care for you at home and support you to leave hospital
- as soon as you're medically fit to leave "your own bed, is the best bed" with the right care and support in place
- health and social care professionals coming together to work as a single team for your local area, able to access your records 24 hours a day (with your consent)
- a modern approach to health and social care services using the best technology, from booking your appointment online to virtual (but secure) consultations, online assessment and diagnostic systems, and advice on apps to monitor your health
- timely appointments with the right professional
- care for you as a whole, for both your physical and mental health
- regular monitoring if you have complex health conditions affecting your physical or mental health, or both
- more support from voluntary and charitable organisations who have great expertise and local knowledge and already play such an important part in our communities
- better access to health improvement advice and services to help you improve and manage your own health and so reduce your risk of serious illness
- information to help you access relevant support from voluntary, charitable and local community groups or services
- quality hospital care when you need it – and more care, treatment and support out of hospital when you don't.

Get involved

Read the latest update and give your views:

<http://kentandmedway.nhs.uk/summerupdate/>

Sign up to receive our newsletter via our website:

www.kentandmedway.nhs.uk

Contact us:

Email: km.stp@nhs.net

Twitter: [@KMhealthandcare](https://twitter.com/KMhealthandcare) #KMlistens



Appendix 2 - Short social media text

To support the Kent and Medway STP, we have prepared some text that you might like to copy and paste onto your website or social media in order to ensure that as many people as possible get the opportunity to have their say about the emerging STP thinking.

If you could design our NHS and social care system today, would you make it different?

**Kent & Medway's health & social care system needs to change.
It's important that you have your say about these changes.**

The NHS was created to support the needs of people in the 1960s. Our expectations and the way we use services has drastically changed since then. For example, we offer treatments in big hospitals which could be safely offered in people's homes, health centres or local communities.

For the first time the NHS & social care are working together to improve the care we provide to you and your family. This work is called the Sustainability and Transformation Partnership for Kent and Medway.

The plan has four main priorities:

- preventing ill health,
- local care,
- hospital care and
- mental health.

Work is already happening to make improvements in these areas.

What might change?

Examples of change include

- quality hospital care when you need it - and more care, treatment and support out of hospital when you don't.
- as soon as you're medically fit to leave hospital, "your own bed, is the best bed" with the right care and support in place
- health and social care professionals coming together to work as a single team for your local area, able to access your records 24 hours a day (with your consent)
- care for you as a whole person, for both your physical and mental health
- better access to health improvement advice and services to help you improve and manage your own health and so reduce your risk of serious illness

Have your voice

It's important that you have your say on what the changes to your service might look like. Sign up for regular updates and how to feed in your ideas at

<http://kentandmedway.nhs.uk/summerupdate/>

Contact us:

Email: km.stp@nhs.net

Twitter: @KMhealthandcare #KMListens



Appendix 3 - Short PowerPoint

Challenges in Kent and Medway

Our population is growing
About 1.8 million people live in Kent and Medway. By 2031 this number will increase by almost a quarter, compared to 2011.

+ 414,000
By 2031

More people have long-term conditions like diabetes, lung and heart disease.

1 in 4 people have a mental health problem at some point in their lives.

The number of people over the age of 75 will rise by 20% in the next 5 years.

Challenges in Kent and Medway

As many as **10** emergency admissions to hospital could be avoided if the right care was available in the community.

Evidence shows that every day around 1,000 people in Kent and Medway are in a hospital bed when they no longer need to be.

We have real challenges recruiting enough GPs and practice nurses.

Find out more about the challenges we face in our care for change booklet: www.kentmedway.nhs.uk

An example: meet Dorothy

Dorothy's care now

- Inconsistent and overlapped
- Decided without her involvement
- Difficult to access
- Focused only on her health needs
- Only assessed by a specialist when she visits hospital

In the future

- Consistent and well-organised
- Decided with her
- Simple to access
- Focused on her health needs
- Assessed by an expert without going to hospital

Our 8 ambitions for Dorothy and those like her

Organise her care

Get her to the right place

Get her to the right place

Get her to the right place

Get her to the right place

Get her to the right place

Get her to the right place

Get her to the right place

Challenges in east Kent

In some areas you are likely to end up in hospital because of a problem that could have been avoided if it had been better managed in primary care.

10 days
The equivalent of 10 days bed rest can have the same impact on the muscles as roughly 10 years of ageing for people over 60.

300
At any one time there are around 300 people in hospital beds who could be discharged if the right support was available elsewhere.

What's important to you

- You don't want to go to hospital if you don't need to
- You want to go to specialist centres for the most specialist treatment
- You want care as close to home as possible e.g. more outpatient appointments locally
- You want us to improve discharge from hospital for people who need further care
- You want people to talk to each other

Hospital care: care in a main hospital

We aim to:

- help you by **preventing and speeding up hospital stays**
- only bring you to hospital if that is the **best place for you**
- treat you **sooner** – with shorter waits for planned surgery and dedicated rehabilitation facilities
- provide **specialist, expert care** when it's needed – but not always in your closest hospital
- get you **home sooner** with the right support to continue your recovery

Our early thinking

One emergency hospital admission every 100 people

One emergency hospital admission every 100 people

One hospital bed rest for 10 days

One hospital bed rest for 10 days

Bill's story: now

HOME

- Paramedic assesses Bill, takes him to A&E
- GP arrives at hospital, GP reviews after his wife calls 999

HOSPITAL

- Bill is assessed immediately
- GP reviews
- A consultant assesses Bill, if appropriate, makes him into out-patient

What happens now

- Bill is transferred to a stroke unit
- He will have 24/7 stroke care which has day and night consultant and therapy input
- Bill's ability to swallow is assessed
- Within 22 hours
- Bill able to swallow in fully seated

Bill's story: future

HOME

- Paramedic assesses Bill at home using FAST tool, takes him to A&E
- GP arrives at hospital, GP reviews after the wife calls 999

HOSPITAL

- Bill is assessed immediately
- GP reviews
- A consultant assesses Bill and if appropriate, makes him into out-patient

What happens now

- Bill is transferred to a stroke unit that has 24/7 stroke care and provides 24/7 care by stroke specialists, including MRI, specialist treatment and therapy input
- Bill's ability to swallow is assessed

Bill has the best chance of survival and recovery because he is assessed quickly, diagnosed and treated by a highly specialist team available 24/7

Improving urgent and emergency care

Current challenges

- More people than ever going to A&E
- Longer waiting times
- Poor patient experience

Future benefits

- More care available closer to home
- Better care in hospital
- Getting you home sooner with support, if needed

Douglas's story: What happens now

Day 1

- Ambulance to A&E and seen by on-call general medical team
- Douglas is ready to go home but ends up staying in hospital

Day 3

- Douglas is delirious

Day 5

- Douglas falls

Day 7

- Douglas's delirium and mobility worsen
- Douglas continues his recovery in a Community Hospital

Douglas, 74, lives at home. He is unsteady on his feet and has seen his GP recently for injuries from falls. When he falls again, his wife calls 999.

Douglas's story: Future care

Day 1

- Ambulance to A&E and seen by specialist frailty senior doctor
- Pharmacist reviews his medicines
- Discharge team considers his home care needs
- Doctor asks Douglas about his future care wishes
- Douglas chooses to go home with equipment and care in place to support his recovery
- Care visits later that day

Douglas is seen by a specialist team and is home with the right care around him the same day

Improving planned orthopaedic care

Current challenges

- Patients wait too long
- Cancelled operations due to emergencies
- Poor patient experience
- Recovery takes longer

Future benefits

- Improved patient care
- Treated sooner
- Helping people get back to normal life sooner
- Centre of excellence – dedicated resources and specialist teams

Mary's story

What happens now

- Mary sees a doctor at the hospital who thinks she needs a hip operation
- A few weeks later, Mary gets a letter with the date for her operation in two months time
- Mary's operation is cancelled the day before because of an unexpected number of emergency patients, which means there is no bed available for her
- Mary is anxious and in pain. She had prepared herself for the operation and arranged for her son who lives far away to come for her
- Mary's operation takes place 6 weeks later. She is cared for in bed with a mixture of medical and surgical patients
- As Mary's recovery starts to improve, she does not benefit from full rehabilitation programmes because of insufficient cover over the weekend. As a result, Mary stays in hospital longer.

Mary, 73, lives alone. Severe hip pain means she struggles to climb the stairs and get in and out of the bath. Her GP refers Mary to an orthopaedic surgeon.

Mary's story Future care

- Mary is assessed by a specialist doctor and nurse at a 'one stop clinic'
- A date for her operation is agreed the same day, along with an estimated discharge date
- Mary knows what to expect after her operation as she has been given an 'history of who she will see each day on the ward'
- Mary has her operation as planned at the Elective Centre by a highly specialist team
- While Mary has her operation on a Friday, she goes home as planned, as all support services are available 24/7

Mary has her operation on time, is able to go home sooner and can get back on her feet again sooner.

Get involved

- Website: www.kentandmedway.nhs.uk
- Email: km.stp@nhs.net

@KMhealthandcare #KMistens

Sign up to receive our newsletter via our website

Questions



Appendix 4 - Facilitators feedback form

Date	Name/ Nature of group	Postcode of meeting
Number of people present	Number of leaflets etc handed out	Number of feedback forms completed

Discussion point 1

What's important to you 

- You **don't want to go to hospital** if you don't need to
- You want to go to **specialist centres** for the most specialist treatment
- You want care **as close to home as possible** e.g. more outpatient appointments locally
- You want us to **improve discharge from hospital** for people who need further care
- You want **people to talk to each other** 

Discussion point 2

Our early thinking



One emergency hospital centre including a 24/7 A&E and planned care

One emergency hospital centre including a 24/7 A&E, planned care and providing specialist services

One hospital dedicated to planned care and rehabilitation alongside a GP-led urgent care centre

Supported by:
Working more to help people stay well.
 More care in the community or at home.



Discussions around stories

Bill's story: future



Bill has the best chance of survival and recovery because he is assessed quickly, diagnosed and treated by a highly specialist team available 24/7.

HOME

- Paramedic assesses Bill at home using FAST tool, takes him to A&E
- Bill arrives at hospital 90 minutes after his wife called 999

HOSPITAL

- Bill's brain is scanned immediately
- Within 30 minutes**
- A consultant assesses Bill and if appropriate, treats him with clot-busting drugs

Within four hours

- Bill is transferred to a stroke unit that treats 650-1,500 strokes and provides 24/7 cover by stroke specialists, including 24/7 specialist neurological and therapy input
- Bill's ability to swallow is screened



Douglas's story:

What happens now



Douglas, 74, lives at home. He is unsteady on his feet and has seen his GP recently for injuries from falls. When he falls again, his wife dials 999.

Day 1

- Ambulance to A&E and seen by on-call general medical team
- Douglas is ready to go home but ends up staying in hospital

Day 3

- Douglas is delirious

Day 5

- Douglas falls

Day 7

- Douglas's delirium and mobility worsen
- Douglas continues his recovery in a Community Hospital



16

16/07/2016 10:00:00

Mary's story

What happens now



Mary, 73, lives alone. Severe hip pain means she struggles to climb the stairs and get in and out of the bath. Her GP refers Mary to an orthopaedic surgeon.

- Mary sees a doctor at the hospital who decides **she needs a hip operation**

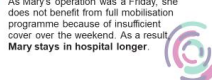
- A few weeks later, Mary gets a letter with the date for her **operation in two months time**

- Mary's operation is **cancelled** the day before because of an increased number of emergency patients, which means there is no bed available for her

- Mary is **anxious** and in pain. She had prepared herself for the operation and arranged for her son who lives far away to care for her

- Mary's operation **takes place 6 weeks later**. She is cared for on ward with a mixture of medical and surgical patients

- As Mary's operation was a Friday, she does not benefit from full mobilisation programme because of insufficient cover over the weekend. As a result, **Mary stays in hospital longer**.



Appendix 5 - Feedback / monitoring form

Thank you for attending today's event – we hope that you found it useful and enjoyable.

Please tell us something about yourself, this information is for monitoring to help us understand who has responded and whether there are any differences across east Kent. All information will be made anonymous in any reports.

Please tell us the first part of your postcode: _____

Please tick which age group you fall into	Age 18 – 20 years	<input type="checkbox"/>	
	Age 21 – 29 years	<input type="checkbox"/>	
	Age 30 – 39 years	<input type="checkbox"/>	
	Age 40 – 49 years	<input type="checkbox"/>	
	Age 50 – 59 years	<input type="checkbox"/>	
	Age 60 – 69 years	<input type="checkbox"/>	
	Over 70 years	<input type="checkbox"/>	
	Please tick your gender	Male <input type="checkbox"/>	Transgender <input type="checkbox"/>
	Female <input type="checkbox"/>	I would prefer not to say <input type="checkbox"/>	
What is your ethnic group?			
Do you or anyone in your household have any long standing illness, disability or infirmity?	Yes, I do <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
	Yes, someone in my household <input type="checkbox"/>	I would prefer not to answer	<input type="checkbox"/>

What was most useful about today?

What was not so useful about today?

Any last Comments or questions? (Please leave a contact if it's a question)

Appendix 6 - Digital contact with target groups across Kent

Protected Characteristic	Target group tag	Message	Digital -via networks across Kent and Medway	Face to face outreach in East Kent
Age	children and young people	General case for change	Confirmed distribution to 120 Youth Orgs for sharing & 90 Youth Council members Facebook 500 followers	Visit requested- details being finalised (Oct)
	Older people	Service specific	Confirmed distribution direct to Forum members and 50 organisations.	Confirmed visit 14/9/2017 Negotiating visit
Disability	People with dementia	General case for change	Confirmed distribution direct to support group members in North Kent Still following up other areas	
	Physical disability	General case for change	Confirmed distribution to 75 Organisations for further cascade via newsletters etc	
	Communication impairments	General case for change	Confirmed distribution and website Hi Kent.	Negotiating visit Negotiating visit
	Mental health problems	General case for change	Confirmed distribution to Mental Health Action Groups and cascades to facebook pages and direct to client groups	Confirmed visit Margate 4/9/2017 Confirmed visit Ashford 5/9/2017
	Carers Groups	General case for change	Confirmed distribution via carers organisations with combined reach of 25,000 carers. Many distributions are in hard copy newsletters as this client group not use digital media	Visit confirmed 19/9/2017 Whitstable Negotiating Ashford visit
	young carers	General case for change	Following up	
	People with learning difficulties	General case for change	Confirmed distribution by with Valuing People providers	Visit requested by organisation - details being finalised
	Special Educational needs	General case for change		Confirmed visit - 11/9/2017 Waiting confirmation
Gender reassignment	Gender reassignment	General case for change	Confirmed distribution to membership of support groups	Negotiating visit
Marriage and civil Partnerships	Marriage and civil Partnerships	General case for change		
Sexual orientation	lesbian, gay, bisexual (LGB)	General case for change		
Health Inequalities	Housing Associations	General case for change	Confirmed distribution to all Housing Associations for further cascade homes across Kent	
Rural isolation		General case for change	Distribution to Rural Action Groups for cascade to members	
Inclusion Health Groups	Migrant Communities	General case for change	Distribution via Migrant Communities network to 260 individuals	
	gypsies and travellers	General case for change		Completed visit to W Kent site 31/8/2017 Awaiting confirmation for E Kent site
	substance misusers	General case for change	3 organisations have confirmed distribution direct to clients	Confirmed visit Margate 21/9/2017 Negotiating visit

Protected Characteristic	Target group tag	Message	Digital -via networks across Kent and Medway	Face to face outreach in East Kent
	homeless people	General case for change		Awaiting confirmation
	Long term unemployed	General case for change		Awaiting confirmation Exploring links with job centres
	Serving Military personnel		Following up email	Meeting confirmed end October at working group
	Ex service personnel	General case for change		Confirmed attendance at Advice and Information day for ex personnel. Oct 2017

Appendix 7 - Face to face contact with target groups in East Kent

Protected Characteristic	Target group tag	Date	Name/Nature of Group	Postcode of meeting	Number of people engage in discussion	Number of leaflets etc handed out	Number of feedback forms completed.
Age	children and young people	04/10/17	Quarterdeck Youth Centre – drop in session. This was an open session for young people Year 10 and above, young people were offered a range of activities and mostly sat one to one with me to start with, we then had a small group at the end of four in the kitchen area.	CT9	12	2 newspaper	12
	Older people	14/09/17	Optivo Older Peoples Support Group – Optivo is a Housing Association. They invited some of their members to a group discussion in one of the social rooms in their accommodation. This was on the site of a supported accommodation building.	ME13	8	None	7
Disability	People with dementia	03/10/17	Dover SMART group – Older Peoples group with dementia	CT16	8	4 newspapers	7
	Physical disability	11/10/17	Kent Association for the Blind 350 attendees, meaningful conversations with 35 people	CT20	32	5-10 of each	15
	Communication impairment	11/09/17	Find a Voice - is a Kent based registered charity which helps and supports people of all ages with speech, language and communication difficulties throughout	TN23	7	none	3

s		Kent, Medway and beyond. We attended one of their support sessions at their base in Ashford.				
Mental health problems	05/09/17	Speak Up CIC – Mental health community support group. Met in a café in Ashford town centre. Some of the group are actively engaged in different forums and groups.	TN24	6	6 A5 booklets 6 newspapers 6 EK newsletters	4
	04/09/17	Speak Up CIC – Mental health community support group. Met in the meeting room of a local church. One worker present from the organisation. The group meets once a week but members link to many other activities on offer.	CT9	13	6 A5 booklets 6 newspapers 8 EK newsletters	12 (one form has two lots of feedback on it)
Carers Groups	19/09/17	Dover Carers Support – the group supports carers. This one runs out of a community centre in Whitstable. The group was made up entirely of women.	CT5	8		7
	06/10/17	Carers First Ashford - this was their regular meeting group held in a local church.			06/10/17	
People with learning difficulties	18/09/17	East Kent Mencap - The group supports people with learning difficulties and mental health issues. There were 4 people with Learning Disabilities, some with carers.	CT9	8		3
Special Educational needs	04/10/17	SNAAP, Windchimes group A stay and Play session where parents are still overseeing their children at play.	CT6	11	8 newspapers	0

Gender reassignment	Gender reassignment	28/09/17	Speak Up CIC – LGBT group	CT9	7	3 EK newsletters 2 A5 booklets	4
Sexual orientation	lesbian, gay, bisexual (LGB)						
Inclusion Health Groups	gypsies and travellers	Various	Gypsy and traveller groups		14		0
	substance misusers	21/09/17	Forward Trust/Rapt. This is a substance misuse support organisation. They arranged to some of their clients to attend a group discussion in their base in Margate.	CT9	9	6 A5 booklets 6 newspapers 9 EK newsletters	9
	homeless people	26/09/17	Forward Trust - Dover	CT17	3	3 EK newsletters 1 newspaper	3
	Serving Military personnel						
	Ex service personnel				3		

