

East Riding of Yorkshire Health and Care Committee

Engagement intelligence and insight form

This proforma has been created to record engagement activity in the East Riding of Yorkshire, allowing insight and intelligence gathered to be shared across the East Riding Health and Care Committee work programmes (see 15.).

No patient/public/client identifiable information (other than work related names and contact details) should be included.

Please send your completed proforma to hnyicb-ery.pmo@nhs.net

Thank you

1.	Name and organisation	Healthwatch East Riding
2.	Aim of engagement	<ul style="list-style-type: none">• Hear the voice of seldom heard communities• Engage with users of the Love Driffield foodbank to share their lived experiences with the providers of health and social care services in order to encourage positive change• Understand how the cost-of-living crisis is affecting residents, specifically lower income households• Build a strong relationship with the Love Driffield Foodbank and the CTC to offer HWERY support on a long-term basis
3.	Date of engagement exercise	Sept – Dec 2023
4.	Type of engagement: (survey/focus group/visit/conversation/ co-production session/workshop)	Healthwatch staff had face-to-face interactions individuals accessing foodbank services over a 3-month period.
5.	Which area of the East Riding does this focus on?	Driffield and surrounding area
6.	Which group(s) did you engage with	Service users from Driffield and Wolds community foodbank
7.	How many people were involved (if known)	Estimated 64 service users
8.	Please give a headline summary of intelligence gathered here Digital Exclusion: <ul style="list-style-type: none">• Some people are having to book and manage GP and hospital appointments for whole adult family if they are the only ones that can use a smartphone• Many residents who have poorer access to Wi-Fi in their village, rely on Love Driffield and other community spaces for their free Wi-Fi.	

- Some residents struggle with poor rural phone signals, being cut off on important benefit calls

Access to GPs:

- Difficulties are experienced with online triage and appointment booking in this client group
- Patients are unable to discuss more than one health issue at GPs so have to book multiple appointments
- Some patients of both Park Surgery and The Medical Centre described their GP surgeries as “too full” or “supporting too many people”, with people in the neighbouring villages, such as Hutton Cranswick, having need of Driffield healthcare services too, meaning there is a huge demand.

Rural challenges:

- Having more services available at the Alfred Bean Hospital would increase the accessibility of some healthcare services, such as hearing tests, which would be particularly beneficial for carers who maybe cannot leave the cared for, or their homes, for long periods of time to travel further afield.

Cost of living crisis

- Some people have lowered the temperature of their heating and hot water, and are using them less frequently, though their bills are still higher than in previous years.
- Many people who receive support from the foodbank are working people, as the cost-of-living crisis means that there is often not enough money left for food after paying increasing rent and energy bills.
- Additionally, some healthcare services such as dentistry and ear wax removal services are difficult or impossible to find through the NHS, meaning that more money is being spent on healthcare than before.
- Working two jobs to cover the bills leads to poor physical health in some instances and one job has to be given up.
- One participant says she cannot afford a social life, and often stays in bed all day.
- Mental health difficulties seem more acute in the winter.
- Increasing social isolation and the cost-of-living crisis makes it important that community spaces are open as they offer a safe, social, and comfortable environment with no expectation of payment.

The report also contains number of personal stories go into greater depth about the challenges of accessing services in rural areas for family members with more complex needs including inclusion groups.

9.	<p>Did your activity involve: (a) People with protected characteristics:</p>	<p>People who experience homelessness with drug and alcohol dependence were surveyed in this engagement activity.</p>
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	https://www.equalityhumanrights.com/equality/equality-act-2010/protected-characteristics (b) People from inclusion groups <i>(This includes people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery.)</i>	
10.	Other partners involved	<ul style="list-style-type: none"> • Love Driffield Community Hub • The Beverley Cherry Tree Community Centre (which provides an advice drop in)
11.	How could this be followed up?	Recommendations provided can guide medical improvements and health policy over the long term. Further engagement and evaluative efforts will track progress toward more equitable access to care.
12.	Contact details for follow up	James.dennis@healthwatcheastridingofyorkshire.co.uk
13.	Reports/links/further info	Report available here https://www.healthwatcheastridingofyorkshire.co.uk/wp-content/uploads/2024/03/Love-Driffield-Cherry-Tree-Report.pdf
14.	FOR OFFICE USE Do we have BI data that supports this insight? Provide links	
15.	Which Health and Care Committee work programme(s) is it best aligned to? <ol style="list-style-type: none"> Bridlington Place-based Programme Inclusion Groups Complex Case Management Integrated Neighbourhood Teams Weight Management Rural and Coastal Communities 	Inclusion Groups Complex case management Integrated neighbourhood Teams Rural and coastal communities
16.	Uploaded to JSNA database	Yes/no date

Who completed the form: Emma Shakeshaft emma.shakeshaft@nhs.net

Date: 3 June 2024