**Update for North Halifax Community Wellbeing Partnership 08/01/19**

**High-intensity service users survey interim feedback**

Things not gone to plan as only small number of patients contact details have been forwarded to HWC by GP Practices, and not all of the patients put forward were from the intended cohort of high intensity service users, and as there are so few of them, and as they have not all been selected from the intended cohort of high intensity service users, I think there will be limited opportunities for a thematic analysis of the responses.

Proposed numbers were 3 from each practice, totalling 15 patients to interview, but so far contact details for only 8 patients have been provided, only 5 of them were from the intended cohort, and I have only been able to interview 3 of these contacts.

* 3 patients from Beechwood – I have interviewed 2 patients, but I have been unable to contact the third since the first phone call. (Healthwatch Calderdale to provide follow-up support to both patients interviewed)
* 3 patients from Keighley Road – 3 patients interviewed, BUT none of these patients are high intensity service users: they are all older patients who are members of the Patient Participation Group – I believe Will asked at a PPG meeting if anyone there would like to be interviewed… (No follow-up support needed)
* 2 patients from Plane Trees – 1 patient interviewed, unable to contact the other patient at the designated time (Healthwatch Calderdale to provide follow-up support to patient interviewed)
* 0 patients from Lister Lane – I was unable to use the list of 11 frequent ambulance service users provided, as there were no contact details, and I don’t think any of the patients had been approached about having their contact details shared with us or participating in the interviews.
* 0 patients from Caritas

So basically I have spoken to 2 types of patient…

1. Members of the PPG, older, generally retired adults, who are not high intensity service users, and who that are very aware of the wide range of support and activities available to help them manage and maintain their health and wellbeing – they are members of groups and take part in activities, and don’t really understand why other people don’t do the same...
2. Younger people, with more complex home lives, work (zero hours), carer (for children), children with health conditions.

Issues included: depression, anxiety, weight problems, mobility problems, chronic health conditions, poor private rented housing (damp), adults and children with regular winter health problems, long CAMHS waiting lists for children needing ASC assessments. They have generally not heard much about the range of support and activities available to help them manage and maintain their health and wellbeing.

Some general feedback…

* Drop-in wellbeing clinic for older people who find making appointments difficult – basic checks and signposting
* Acknowledge value of schemes such as Upbeat, but cannot afford the cost of continuing.
* Could counselling be available at the surgery more than one day a week, be done over the phone, or via a home visit?
* Lack of support for carers

**Syrian Refugees work**

We only spoke to a few individuals for this piece of work, so I wouldn’t say we have a lot of information about them, just a small amount of feedback.

If we were to include Syrian refugees in this piece of work this would add an additional level of complexity, as we would not be able to conduct interviews over the phone, and we would also have to employ interpreters for each individual interview. This means that the additional costs and time needed would have to be factored in, and we need to be mindful that this piece of work was planned to be a short, sharp, information gathering exercise…