

**From:** Tim Woodhouse, Suicide Prevention Programme Manager

**To:** KM Mental Wellbeing, Prevention and Resilience Oversight Group

**Date:** 21 September 2022

**Subject:** **Briefing paper on the Kent and Medway Listens engagement programme**

**Summary:** This paper provides a briefing on the Kent and Medway Listens engagement programme. It includes information on

- An introduction to Kent and Medway Listens
- Original objectives of the engagement exercise
- Findings
- Community Chest investment
- Reflections from Health and Care Partnership and Integrated Commissioning Board level workshops
- Progress against original objectives
- Next steps

**Recommendation(s):** The MWPROG is asked to **CONSIDER** the findings from Kent and Medway Listens and **COMMENT** on how findings could influence the way they design and delivers services, and whether any specific actions could be taken.

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## 1. Introduction

- 1.1 Kent and Medway Listens was the largest ever engagement project in relation to the mental wellbeing of seldom heard communities in Kent and Medway and was a response to a national urge to create wellbeing plans in response to the impact of COVID-19.
- 1.2 Between October 2021 and July 2022 Kent County Council's Public Health team worked in partnership with Kent and Medway Partnership Trust (KMPT), NHS Kent and Medway and Medway Council to commission 'Kent and Medway Listens' which utilised a range of voluntary sector organisations to reach into local communities and hear the voices of individuals from a wide range of backgrounds.
- 1.3 It should be noted that this was not a "mental health" project, individuals with diagnosed mental health conditions were not identified as being the primary audience (although neither were they prevented from contributing). The aim was to hear the voices from communities and individuals who were unlikely to be known to any service in relation to their mental wellbeing.
- 1.4 This report outlines the objectives and methodology and summarises the results of the engagement and what the proposed next steps will be.
- 1.5 *Please be aware that this paper uses direct quotes and powerful examples of how issues such as bereavement, poverty, racism, and access to services are affecting individuals across Kent and Medway. Free 24-hour support is available by texting the word Kent or the word Medway to 85258, by calling 0800 107 0160 or by visiting [Release the pressure](#).*

## 2. Why was Kent and Medway Listens commissioned?

- 2.1 Kent and Medway Listens was designed early in 2021, approximately one year into the Covid pandemic. Evidence was already emerging in relation to Covid's disproportionate impact on death rates amongst minority ethnic communities and other vulnerable groups. There was also a growing understanding that COVID-19 restrictions and financial implications were having a severe impact on the mental wellbeing of many individuals across society. It was also learning from best practice in South London via 'South London Listens' which happened virtually during COVID-19 pandemic and Kent PH was involved in the planning and evaluation.
- 2.2 Within Public Health (and the partners listed above) there was a desire to better understand exactly what the causes of this mental distress were in Kent, and to examine whether seldom heard communities had needs which could be better met. National and local intelligence already showed growing concerns regarding the impact of COVID-19 on the public's mental well being and potential impact on services. There were national and local reports of impacts on "seldom heard groups".
- 2.3 In the Kent and Medway Listens programme there was no definitive description of what constituted a "seldom heard community". Each

Voluntary and Community Sector listening partner was free to use their experience and knowledge of their local area to identify groups who previously had not had their voices heard by decision makers.

### **3. Objectives of the Kent and Medway Listens programme**

1. To give people from seldom heard communities' opportunities to share what they have gone through and how it has left them feeling
2. To provide quick-win funding to address immediate needs
3. To provide senior decision makers with insights to help them make informed decisions.

## 4. Methodology

- 4.1 Kent County Council (KCC) collaborated with the Volunteer and Community Sector (VCS) partners across the four HCPs (Health and Care Partnerships) (Table 1) in Kent and Medway due to their pre-existing trusted relationships with seldom heard communities in their area.

**Table 1:** A table showing the VCS partners who conducted listening events in each of the four Kent and Medway HCPs.

HCP	VCS partners
Dartford Gravesham and Swanley	EK360, Kent Equality Cohesion Council (KECC) and Rethink Mental Illness
West Kent	Involve Kent
East Kent	SEK (Social Enterprise Kent)
Medway and Swale	MVA (Medway Voluntary Action)

- 4.2 The VCS partners held in-depth, meaningful conversations with 1356 seldom heard individuals. (Each conversation was approximately 10 or 20 minutes long). An additional 3,328 individuals shared their thoughts through the 'Kent and Medway Listens' digital platform.
- 4.3 The 1356 individuals who participated in the in-depth conversations were from 57 different self-identified ethnicities and spoke 30 different first languages.
- 4.4 A unique feature of Kent and Medway Listens was that an additional £25,000 of Community Chest funding was provided to each of the VCS listening partners to distribute in the form of micro-grants to community-initiated projects to immediately address some of pressures impacting mental wellbeing that were being raised by the listening programme. More details on how this funding was distributed and its impact is available in Section 6.

## 5. Findings and insight

- 5.1 This report attempts to summarise the hopes, fears and anxieties of the thousands of individuals who took part in this project in this overarching summary report. However, Group members are urged to read each of the four detailed engagement reports that VCS Listening Partners have written which are publicly available on the [Kent and Medway listens](#) website. They provide a rich data source and convey deep insight into what is important to individuals across Kent and Medway, especially from those in seldom heard communities. A full report is also being prepared for the Kent Public Health Observatory website.

- 5.2 This section summaries the key themes that were found across the whole of Kent in this listening project. Only a small selection of quotes from the Listening programme have been included and these highlight the major issues that were raised by people.

### **Bereavement during COVID**

- 5.3 The analysis of the interviews has shown that for some people the direct impact of Covid was the major factor on their wellbeing. The clearest examples of this were those individuals who had been bereaved by or during Covid.

*"I was a carer for my husband with Parkinsons. He was admitted to a care home in the first stages of the pandemic, but I was not able to visit him for five months. I only saw him three times before he died and am now dealing with the trauma."*

*"We have had some deaths in the family, and not being able to have proper funerals and grieve as a family has been really tough"*

*"I lost my husband due to Covid. He was in hospital and they called saying that we could finally visit and see him. They then called on the same day and said we couldn't now visit; he died the next day. The staff showed me no compassion, I have had no explanation as to what happened, I have had no closure. I haven't been offered any counselling.....no-one cares! I've just been left after being told my husband was coming home but he never did."*

### **Isolation**

- 5.4 Many people highlighted that lockdowns and the restrictions on social gatherings had an impact on their wellbeing. For some people this amounted to mild frustration.

*"I'm frustrated that we can't do as much as we used to be able to do as a result of Covid restrictions. I don't want to get used to this way of living"*

- 5.5 But the following quote highlights that some people experienced extreme isolation which is still having a profound impact on their mental wellbeing despite restrictions being lifted.

*"Without a shadow of a doubt, Covid changed me. I am on the extremely vulnerable list and it frightened me to get the letter as I hadn't considered it. I spent six months without leaving my front door. I was alone. Nobody was allowed in. I didn't touch another human in that time. I was really frightened and scared for most of that time. I still have weird panics about things. I sleep downstairs and have the tv on all night because I can't stand the dark or silence. I can't be indoors by myself for too long. It makes me feel like I can't breathe. I want to be able to sleep in my bed again. It should be simple but each time I try I think 'try again tomorrow' and sleep on the sofa."*

- 5.6 There were many other examples of how isolated people felt:

*"I had a complete breakdown in the first lockdown as I did not get to see my children or parents or any friends."*

*"My loneliness and isolation led to personal neglect, becoming a recluse, poor diet etc all having an adverse impact on my mental health."*

*"I also suffered from issues with alcohol which were made a lot worse due to the isolation and boredom."*

### **Long Covid**

- 5.7 For many people, long Covid has meant that they are still suffering from the physical impact of Covid as well as feeling isolated as the rest of society seems to get back to pre-Covid normality;

*"I used to go out running and was very active and needed to be strong for work... I can't work now. I've lost a lot of who I am. I struggled a lot with "Freedom Day" and when everyone was reopening, I felt alone and like I was being gaslighted."*

### **Cost of living**

- 5.8 The listening process spanned from approximately October 2021 to March 2022 and financial concerns were raised throughout:

*"Well I suppose before Covid I was less worried, any problems seemed like less of a problem, money problems were not an issue as I had a secure income, now however there is no certainty. Work and health - will I catch Covid again is a big worry for me."*

*"Working from home has been a real challenge for me, also my loss of earnings has meant that I have had to move back home with parents which I'm finding very hard to deal with."*

- 5.9 However, in the later months of the listening programme, and as COVID-19 rules were relaxed, the cost of living crisis was one of the most common topics of conversation including amongst those in full time work.

*"Prices going up and wages staying the same. I can't do the things I used to be able to do as my disposable income is far less now than before Covid. I pay the rent and bills and the travelling costs to and from work (I am a 999 operator). I am careful about the food I buy and look for cheap or discounted food. This Costa is such a treat for me, and it is making me very happy but in the back of my mind I know I shouldn't have wasted my precious money on it."*

*"Escalating costs of living, impossible to buy a house, minimum wage staying the same, debts increasing every month, going into more debt just for buying food, energy and fuel, not luxuries! No future at all, might as well give up now."*

*"The wages, factory workers get peanut money. The average monthly salary is exactly the same as it was twenty years ago and yet everything is going up, like council tax, electricity, gas etc."*

*"I work full time but don't have a decent salary. So I have to work overtime which is working extra on Saturday and Sunday. So I have to work weekend, and spend less time with my family. More stress, less joy."*

*"Not able to treat my children to basic things, being a single parent is taking its toll."*

### **Access to basic health services**

5.10 Other than the cost of living, perhaps the most frequent cause of poor mental wellbeing was the inability to access basic health services. While some people said that this was an issue pre-Covid, most people agreed that it had been exacerbated during the Covid period.

5.11 The most common complaint was the inability to get a GP appointment. This was independently raised by 192 of the 1356 conversations. The following quotes illustrate the frustration and exasperation felt by many:

*"It takes two hours to get through to my GP. That's after trying over 200 times only to be told there are no appointments and if it's urgent go to A&E."*

*"I don't want to speak to a receptionist about my problems, I just want to speak to a GP, and you can't get a GP appointment."*

*"Lack of access to GPs. It was bad enough trying to see one before Covid, but nigh on impossible now. Not had my 'annual' review for nearly three years."*

*"It is impossible to get a face-to-face appointment with one of the highest paid, so-called professionals, in the public sector. This is not only expensive but frustrating and a complete waste of patients' time. It is just as well I am not working as I would be sacked for the amount of time I spend hanging on a phone!"*

5.12 Other people also had frustrations about their inability to access effective mental healthcare:

*"We are constantly told to seek help and talk, but then refused help or not listened to."*

*"I reach out but hit a brick wall every time. I get given phone numbers and websites but they never really help and I just end up confused all the time."*

*"I'm having counselling at the moment, which is part of the IAPT service. But my counsellor can only see me for six sessions I think, and it's not long enough, we're on four already, I've not even touched the surface of what I would like support with - it's barely long enough to explain the*



*issues, and no possibility of dealing with them to feel better able to cope. It's a rubbish system that's one size fits all, six weeks, that's it, finished."*

- 5.13 Many people who don't speak English as a first language highlighted that even when they were able to secure an appointment it was often cancelled after they arrived, because of the lack of available translators. This was highlighted by deaf people who use British Sign Language as well as people from different ethnic backgrounds.

*"A friend of mine went in for an eye operation and had booked an interpreter – arrived at the appointment and the interpreter never turned up. Rescheduled and interpreter never turned up again. They asked if they could bring a friend to interpret, NHS said no. So, they're still waiting to get procedure done. NHS said it must be a registered interpreter, but they never turn up."*

*"I had an operation due on my hand in the hospital which had to be stopped as there was no interpreter for pre appointment and aftercare."*

*"I've been to hospital as I have cancer in my leg. No interpreters at the hospital so I didn't know what was going to happen, but I had to carry on with appointments and procedure was done. Doctors were trying to explain to me through pen and paper."*

- 5.14 Individuals who are in Kent after seeking asylum highlighted a particular set of challenges that they face in accessing basic healthcare.

*"I am in lot of pain from my teeth, they are very bad. Very painful. I find it difficult to eat or sleep, I talk my social worker about having ID, but there is nothing happening. Until I have ID, I cannot get my teeth fixed. I have been waiting six months. I do not know what to do."*

### **Impact on family and children**

- 5.15 Many people stated that what they were most worried about was the impact that Covid was having on their relatives and loved ones.

*"I feel worried about a lot of things. If there was another lockdown, can my kids go to school now that I'm not working anymore? I'm worried about my son going to secondary school next year. I worry for my children and their mental health."*

*"My sons have missed exams, schoolwork and friends. My eldest feels alone like he now has no friends. He now suffers with depression."*

*"We have a large family and things were really horrible during lockdown. We tried to do home schooling with the children but they were struggling so much with their mental health that we didn't do that much. My youngest child became very quiet and lost confidence going out and talking to people, she was so scared of what Covid was, she thought everyone we met was going to make her sick. Now I have a very hard time getting her to mix with other people. I feel like there should have been more help for children during lockdown."*

*"I had a baby during Covid, and I feel she's missed out on so much that her older brother had; swimming, baby yoga, massage, playdates with other mums. I just feel she's behind where my son was at her age."*

## **Housing**

- 5.16 Some people raised the lack of a safe place to call home as the having the biggest impact on their wellbeing.

*"I want to move away from a shared house. I want a flat. People who attacked me know where I live. It's very noisy, I can't sleep. I'm worried."*

*"The council has messed up my housing account not once but twice!!! I am disabled and living in a home deemed dangerous to me and have been on the waiting list {for years}. When issues are raised with them there is no communication. It's as if they are just playing mind games."*

*"Somewhere to live, I'm homeless and having to pay £40 for a shitty hotel room. Unless you are on drink or drugs the council don't help you, I contacted them a week ago and they said they would email me, but they haven't. I haven't got a reference number or anything. It's not fair, you try and do right but they don't help you."*

## **Discrimination**

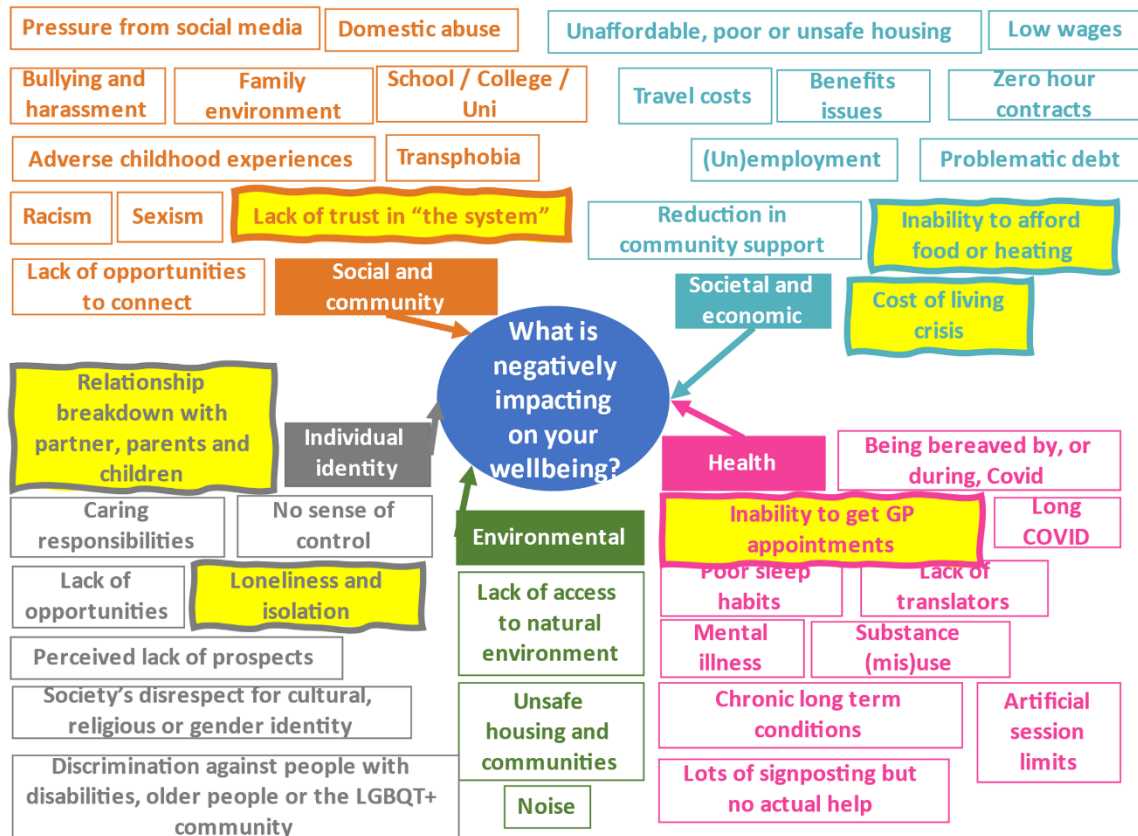
- 5.17 Some people highlighted examples of discrimination as impacting their wellbeing.

*"I was a victim of Disability Hate Crime earlier this year, it has really had an impact on my wellbeing. I have not been able to go out on my own since the attack but hope to be able to again in the future."*

*"Black Lives Matter? The country is inconsistent when dealing with people of colour, unanswered questions re Grenfell, Windrush scandal, the reaction to statue in Bristol of slave trader. This all spits in the face of people of colour. Government report on racism is unbalanced. This has impacted me even more than Covid. Feel disappointed, anxious and don't trust society. Huge issues and no one talks about it. Too many issues regarding racism not dealt with. Makes you question everything, undermines trust."*

- 5.18 The slide below summarises the wide range of issues highlighted by the listening programme. Issues highlighted in yellow came up most frequently.

**Slide 1:** Issues raised by Kent and Medway Listens as impacting on people's wellbeing (see Appendix A, for accessible version)



- 5.19 Alongside the problems that were raised through the listening programme, a small number of individuals wanted to highlight that for them the restrictions around the pandemic had brought benefits as well as challenges.

*"One positive from the pandemic is that it has made me stronger mentally and as a family we do more things together, like, go for walks, pray together, finding peace through religion, practice gratitude and be thankful to God of what we have."*

*"I'm very fortunate that I make good money and I kept working at home for the whole lockdown and I still work mostly at home now. I was able to get a lot of my chores done during the working day, so I was able to relax and enjoy my evenings more without the long commute to work. I used the extra time I had to start running and now I feel fitter than ever. My family have really benefitted from this shake up to our way of life."*

*"I always try to find something to keep me busy, as alongside any hardships I might be facing, there is also a lot I enjoy in life. I have a large loving family that I am constantly in contact with and are always there to put a smile on my face. Even with lockdowns and restrictions, I tried everything I could to keep in contact with friends and family, whether that be a facetime call or a door to door visit."*

## **6. Community Chest investment**

- 6.1 One of the major ways in which this engagement exercise differed from typical consultation projects was the provision of £25,000 of Community Chest funding to each of the four VCS listening partners to distribute in micro-grants to community projects to instantly address some of the issues being raised. By giving community groups small amounts of funding (£2000 on average) they were able to provide activities which kept the most isolated individuals connected with others and services to address specific issues raised by individuals.
- 6.2 This funding had the unintended consequence of making the participants taking part in the conversations feel valued as they could see immediate action in response to their concerns.
- 6.3 The table below shows a selection of the organisations which received micro-grants and the activities and services they were able to deliver as a result.

**Table 2:** A table showing examples of the Kent and Medway Listens Community Chest funding.

<b>Organisation</b>	<b>Description of project or activity</b>
Tonbridge Baptist Church	Grant money used to help organise community gatherings where attendees shared freshly cooked meals.
Folkestone Nepalese Community Centre	Grant money used to provide translation services for their clients allowing them to access services.
BSL Community	Grant money for "Keeping in Touch" Community Events for Deaf people, in a BSL friendly social setting.
North Kent Caribbean Network	Grant used for Six Ways to Wellbeing project focused on self-care, difficult conversations, expressing feelings and increasing social activities to reduce isolation.
Clifton Community Centre	Grant used to assist with travel costs to reach those isolated due to remoteness and lack of access to travel.
Confident Children	Grant used for a series of wellbeing activities and toolkits for children and parents.
Youth Ngage	Grant for a Listen Up conference style event to raise awareness on; suicide, mental health and substance misuse.
Syrian and Afghan Refugee community	Grant used for group and family based social activities
Rethink Sangam	Grant used for activities to improve physical and mental wellbeing.
Paddock Wood Community Advice Centre (PWCAC)	Grant used to purchase a computer at PWCAC to enable volunteers to provide support.
St Martins PCC Maidstone	Grant used towards installation of WIFI at the church for digital inclusion courses and drop-in sessions.
Ladies only badminton	Grant used to cover hall hire
Homeless Care	Grant used for 8-week life skills programme for people moving out of temporary accommodation

- 6.4 The value of these micro-grants was so low (on average £2000 and often under £1000) that intensive formal evaluation was not appropriate, however every project was asked to complete a short report and highlight the impact that the project had on participants. The following quotes highlight the impact of a small amount of funding can often be disproportionately large to individuals.

*"Oh my gosh the seated dance group was so lovely! I think it went really well and I was thrilled to see XXXX and XXX as they shared lots about what they have going on."*

*"I really liked the recycled retail therapy session because we felt good to do cash-free shopping and we all helped to stop land fill by swapping some clothes. I'm glad I didn't throw away some of my old scarfs!"*

*"The power of Green – spending time outside and in green spaces can be great for your physical and mental well-being we explored a local park, taking time to notice trees, flowers, plants and animals, I really enjoyed it."*

*"The general consensus of those attending the group meetups was that by subsidising the events it help those on low incomes to be able to join in the meetups. Isolation and anxiety are big issues for LGBTQIA+ people as they feel they may find discrimination in places they have not been before. The group meetups have reduced some of the anxiety of meeting new people and help them to socialise in safe spaces."*

## **7. Reflections from Health and Care Partnership (HCP) and Integrated Commissioning Board (ICB) level workshops**

- 7.1 Once the listening was completed and each VCS listening partner had written up and collated the conversations, a series of workshops were held. One workshop was held in each of the HCP areas and a final one was hosted by ICB Chair, Cedi Frederick and provided a county wide forum for reflection and discussion.
- 7.2 The HCP workshops provided an opportunity for individuals, senior stakeholders and decision makers (from a range of organisations and backgrounds) to reflect on the findings of the listening and to consider three questions:

- 1) What can I do as an individual?
- 2) What can my organisation do?
- 3) What can the system do?

The following slide shows some of the suggestions for actions that were proposed at the workshops.

**Slide 2:** Suggestions of action following Kent and Medway Listens HCP workshops (see Appendix B, for accessible version)



7.3 The ICB level workshop in July 2022 provided an opportunity for the ICB Chair, Cabinet Members from KCC and Medway, senior officials from NHS Kent and Medway, HCPs, Public Health, KMPT and District Councils to reflect both on the listening as well as the recommendations from the HCP level workshops.

7.4 Detailed and positive discussions were held on the range of topics raised by the listening, and while the challenges faced by some people were acknowledged as extreme, there was also reflection that many of the issues reflected the lower levels of Maslow's hierarchy of need (and therefore shouldn't be out of reach for people in Kent and Medway) for instance:

- Access to safe and decent housing
- People's ability to provide food, clothing and heating for themselves and their children
- The ability to access basic healthcare
- Opportunities to socialise and create meaningful relationships

## 8. Progress against original objectives

8.1 The following quotes illustrate how the original objectives for Kent and Medway Listens have been met.

- 1) To give people from seldom heard communities a chance to share what they have gone through and how it has left them feeling

*"Thank you for listening – it's the first time anyone's ever asked me how I'm feeling."*

*"I'm going to ask my friends how they are feeling the next time I see them. Saying this out loud to you has made me want to let them talk too."*

*"The real impact on our clients was the fact that someone outside of our organisation wanted to listen to them. The men who come to us feel like no-one listens, no-one understands, or worse - no-one cares enough to even try. There was a huge benefit to our Dads for someone external to take the time to come and understand their challenges and validate their experiences."*

- 2) To provide quick-win funding to address immediate needs

**Reducing isolation:** *"The nature walk event (for BSL Community) saw a big turnout, feedback from participants proved this to be a success. As a result, this helped us to set up two monthly rambling walks across Kent Country Parks."*

**Reducing isolation:** *"I love coming to the weekly group and even at my age (95) I'm still learning. I didn't like the small portion sizes on the healthy eating handout, but I am making healthier choices to help control my weight and diabetes."*

**Men's Sheds:** *"It's not about woodwork, it's all about meeting each other, replacing the 'void' of working after retirement and provides face to face interaction."*

**Men's Check in and Chat:** *"The sessions have helped to remove the stigma of discussing mental health issues and were attended by a wider range of ethnicities than anticipated."*

**Wellbeing Sessions for Muslim Women:** *"The 1:1 slot was a great chance for me to get a little support with mothering my toddler. Received some practical tips on parenting and how to cope with anxiety."*

- 3) To provide senior decision makers with insights to help them make informed decisions

*"What I have heard today is a call to arms. It's a challenge. I don't have the answers today. I don't think anyone does, but what I can say on behalf of the Integrated Care Board is an absolute rock-solid commitment to be part of the solution."*

*"I think listening to the testimonies from people who shared their stories, their journey, it really struck me that there's so much more we*



*could be doing, and if we can do it together we will make more of an impact."*

*"I feel that there are untapped resources in our communities, it's a question of how we put all the different pieces together."*

## **9. Next steps**

9.1 A number of commitments and actions have already been taken in response to Kent and Medway Listens:

- The teams developing the Kent Public Health Strategy and the ICB Health Inequalities Strategic Action Plan have both committed to build on the insight from this work in those documents and related programmes
- The Kent and Medway Better Mental Health Community Fund (part of the Suicide Prevention Programme) has distributed another round of micro-grants to community projects

9.2 Moving forward, the Better Mental Health Network (facilitated by the Suicide Prevention Programme) will develop a Kent and Medway Better Mental Health action plan, based on the commitments from partner organisations. This will then form the basis of an application to become a signatory to the National Concordat for Better Mental Health.

## **10. Recommendations**

Recommendations: The MWPROG is asked to CONSIDER the findings from Kent and Medway Listens and COMMENT on how findings could influence the way they design and delivers services, and whether any specific actions could be taken.

## **11. Acknowledgements**

Thank you to Farah Virani, an NHS Darzi Fellow who was based in KCC's Public Health team (between Sept 21 and Aug 22) and led the Kent and Medway Listens Programme.

Thank you to the 1356 individuals who took the time to share their feelings, hopes and fears as part of this project. It has been impossible to reflect everyone of your stories in this report, but you have been heard.

## **12. Report Authors**

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## **13. Appendix**

- A)** Issues raised by Kent and Medway Listens as impacting on people's wellbeing. The original figure showed the many individual issues raised under the five present categories, all pointing towards the following question, "What is negatively impacting on your wellbeing?"

### **Social and community-based issues**

- Pressure from social media
- Domestic abuse
- Bullying and harassment
- Family environment
- School, College or University
- Adverse Childhood Experiences
- Transphobia
- Racism
- Sexism
- Lack of opportunities to connect
- Lack of trust in the system (frequently suggested)

### **Societal and economic-based issues**

- Unaffordable, poor or unsafe housing
- Low wages
- Travel costs
- Benefits issues
- Zero-hour contracts
- Unemployment
- Problematic debt
- Reduction in community support
- Inability to afford food or heating (frequently suggested)
- Cost of living crisis (frequently suggested)

### **Individual identity-based issues**

- Caring responsibilities
- No sense of control
- Lack of opportunities
- Perceived lack of prospects
- Society's disrespect for cultural, religious or gender identity

- Discrimination against people with disabilities, older people or the LGBT+ community
- Relationship breakdown with partner, parents or children (frequently suggested)
- Loneliness and isolation (frequently suggested)

### **Environmental-based issues**

- Lack of access to natural environment
- Unsafe communities
- Noise

### **Health-based issues**

- Being bereaved by (or during) Covid
- Long-Covid
- Poor sleep habits
- Lack of translators
- Mental illness
- Substance misuse
- Chronic long-term conditions
- Six session limits
- Lots of signposting but no actual help
- Inability to get GP appointments (frequently suggested)

- B)** Suggestions of action following Kent and Medway Listens HCP workshops. The original figure displayed the many suggestions of action under the three present categories, which each had arrows pointing towards the following text, "Some of the 100+ suggestions for action".

### **What should the system do?**

- Move focus from reducing waiting times to preventing people needing to join waiting lists
- Ensure funding gets to seldom heard communities
- Include VCS bodies in all strategic planning discussions
- Improve access to primary care appointments
- Pool health and care budgets more often
- Decentralise funding and funding decisions to community level
- Do not let commissioning targets or processes get in the way of person-centred care
- Be honest about why decisions are made
- Ensure "listening" is a constant process rather than a one-off
- Embed support for long covid far more strategically
- Provide a system which enables effective communication between organisations re individual care records
- Use co-production far more often to ensure services meet the needs of users

### **What can I do?**

- Undertake health inequalities training
- Promote co-production and lived experience input
- Undertake anti-racism training
- Challenge systemic bias

### **What should individual organisations do?**

- Provide better support and communication for those on waiting lists
- Publish race equality (pay gap) data, as is already done for gender
- Become Living Wage Employers (and require contractors to do the same)
- Offer wage rises which reflect inflation
- Kent and Medway public bodies should only use Kent and Medway suppliers unless impossible to do so

- Provide free parking for all staff – not just top executives
- Dramatically increase access to, and improve quality of, translation services (including BSL)
- Pay people with lived experience for their insight
- Target communications to seldom heard communities