



Thursday, 25 October 2018

## **‘Looking out for our neighbours’ West Yorkshire and Harrogate Urgent and Emergency Care Programme Board Campaign**

This information has been produced to update West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) leadership on a campaign being developed for the area which will ask people to look out for their neighbours.

The campaign is being funded / supported by West Yorkshire and Harrogate Urgent and Emergency Care Programme Board. It also has the support of Partnership communication colleagues, as well as Healthwatch, our VCS and Carers Programme Leads. A&E delivery board communication leads are also aware of the campaign.

A project group has been set up and although it is early days we thought it might be helpful to give you some understanding of what we are trying to achieve. Regular updates will be given at key milestone dates.

A truly changed approach with the public will take investment from every partner. The budget for this project is small in terms of the cost of emergency care. This provides us with an opportunity to do something totally different and to see if it has a tangible impact. If we don't try different things, demand will not reduce. There is an appetite to run the campaign throughout the year – pending evaluation of this pilot.

It's important to note that this campaign does not replace the annual messages from NHS England around winter, for example take up of flu jabs; Stay Well; Keep Warm; Keep Well; GP access etc., or the work of other partners including councils who already have winter campaigns.

### **Background**

1. Demand for health care services is up 5% year on year. People are living longer with complex health and care needs; we have higher than average obesity levels, and over 200,000 people are at risk of diabetes. This has contributed to a record number of people presenting at our A&E departments in 2016/17 and fewer patients being seen within the 4-hour target.
2. Nearly 350,000 patients spend more than three weeks in a hospital each year. That is around a fifth of beds, or the equivalent of 36 hospitals. Some patients need to be there for medical reasons but many could go home or may never have needed to be admitted.
3. Working together across the partnership on communications that are consistent will help achieve our ambitions i.e. to offer people the right care, in the right place, by the right staff at the right time. This will also help maximise the benefit of sharing the resources we have to achieve a greater focus on preventing ill health.



4. We know that not only hospitals and doctors keep people well; a person's life choices are also important. We need to see a change in people's behaviours, built on trust and empowerment, where the benefits of self-care, early help and preventing ill health can flourish. The success of this relies on our employees and communities more than any other stakeholder groups.
5. We serve a diverse range of communities and recognise they have different communication needs which require different solutions. To secure the levels of motivation needed to influence change at pace, we need to think differently about how we communicate at every level and evaluate new and old communication practices.
6. Part of the solution lies in the development of an internal and community campaign to inform, create understanding and change people's views, attitudes and behaviours. To do this successfully we need to change the conversation with people. This will need support from partners, stakeholders (including politicians) and employees.

### What we know already...

7. Britain's sense of 'community spirit' is in decline. More than half of Brits barely say a word to their neighbours and 68% describe them as "strangers". Two thirds admit days can pass without them even seeing others living on the same street, while 73% don't even know what their names are.
8. Half of adults say they do not feel part of a "good neighbourly community" and nine in ten admit they NEVER volunteer to help out with local charities and groups. (Insight from Skipton Building Society, onepoll.com, 2018)
9. If we can re-engage communities in looking out for their neighbours by providing local tips for micro wellbeing and social care interventions at a neighbourhood level, then we can positively impact on the high demand of health and care services.
10. More neighbourly interactions and education on how to support vulnerable neighbours in a community will also have a positive impact on issues associated with loneliness; reducing the possibility of dementia, heart disease and depression - Lonely people are more likely to suffer from dementia, heart disease and depression. (Valtorta et al, 2016) (James et al, 2011) (Cacioppo et al, 2006).
11. The campaign will build on insight work we completed in March 2018 to assess messaging used across the area about accessing urgent and emergency care.

### Campaign

12. The main drivers of our campaign are:
  - To encourage communities to look out for vulnerable people thus reducing demand on health and care services through early help and preventing ill health.
  - To prevent loneliness in the community and its associated health issues which also lead to strains on health and care services. (It's important to note that this work also aligns to our [Harnessing the Power of Communities](#) work; and there is support from the Jo Cox Foundation).



13. \*Name pending community testing. Nice Neighbourhoods aims to create a social movement where people are empowered to help others around them by providing support or education around self-care. To create more of a sense of community spirit and an infrastructure in which we can deliver positive and caring messages and support.
14. Nice Neighbourhoods focuses on creating communities that people can feel part of. The idea encourages everyone to be nice neighbours, lend a hand and share skills, contribute and help others, and ask for help in turn. This is a celebration of people's contribution to their communities. It's accessible, inclusive and easy for everyone to get involved.
15. In order to create a left shift towards prevention, self-management and care, we first need the community to identify with needing help and being helpful.
16. Campaign materials will be developed for local use – including print and social media. Throughout the campaign we will identify PR and media opportunities at key stages.

### What next?

- UEC Programme Board to approve pilot areas for community testing / focus groups – including urban and rural neighbourhoods.
- All campaign messaging will be co-created and tested through our early community engagement work in late October and early November. We will gain an understanding of motivators and barriers and translate this into key campaign content.
- Timelines for campaign development to be confirmed. Potential January launch.
- Explore Potential PR partnership: an opportunity to make the project reach further; for example Yorkshire Tea, Jo Cox Foundation and Hello my name is...
- We will keep all communication colleagues and the leadership updated throughout.

**ENDS.**

