

## **Making Changes, Feeling Better Report**

The Get Involved Group at Possability People

**April 2019**

### **1. Introduction**

As part of our ongoing commission as a funded health engagement organisation with the Brighton & Hove Clinical Commissioning Group (CCG), Possability People's Get Involved Group (GIG), with partner organisation Enhance the UK, was asked to conduct engagement work with disabled people and carers on a topic focussing on a selected priority area from the recent Case for Change, part of the NHS Long Term Plan.

With growing pressure on the NHS, including an ageing population, more people living with multiple long-term health conditions, and lifestyle choices affecting people's health, changes are needed to make sure everybody can receive the support they need from their local NHS. The government is investing an extra £20bn a year in the NHS to help address the inequalities that people face when accessing support for managing their health conditions. The NHS have produced a Long Term Plan, setting out its priorities and aims to help improve health services for people across the country.

Within the local Case for Change, local doctors, specialists and clinicians have come together to give our population a 'healthcheck'. They have looked at the clinical evidence, patient experience and local knowledge across our local populations and given recommendations on what needs to change and improve from their expert point of view. They have found that five unhealthy behaviours by people lead to five health risks. These can lead to five diseases that cause 75% of deaths and disabilities across our local area, which have a significant negative impact on patients and services, as shown in the diagram on the next page.

The 'healthcheck' sets out five priority areas that the NHS needs to focus on to allow our local services to better adapt and cope with the changing needs of local people, make better use of the resources available and ensure that NHS services are more affordable for the future.

Those five priorities are:

- Workforce and capacity strategy
- Shared decision-making and patient activation
- Re-framing our cultural norms to make the right lifestyle choices easy to make.
- Addressing unwarranted clinical variation
- Mental and physical health services and social services closer to home with good communication and co-ordination.

After consulting with disabled people from our Get Involved Group, we decided to focus on the following two of the five priorities:

- Shared decision-making and patient activation
- Re-framing our cultural norms to make the right lifestyle choices easy to make.

This engagement report, Making Changes, Feeling Better, aims to hear directly from local disabled people about what they that makes them feel better when managing a long-term health condition or impairment, what gets in the way, and how the NHS could better support them to make positive changes in their life to improve health and wellbeing.

We have asked what people do to manage their health and wellbeing, whether it's something that helps reduce social isolation, such as going for a drink in the pub with their friends, or other things to manage overall health, such as accessing holistic therapies, eating a healthy diet or doing breathing exercises to reduce anxiety.

Everyone has different things they do to feel better, and our aim was to hear what people's experiences are, and how well supported by the NHS they feel in making positive changes to improve their health and wellbeing, preventing people from needing to access more health services in the future.

All responses have been handled confidentially and anonymously fed into this report, which has been submitted to the Clinical Commissioning Group in April 2019, with recommendations collated from participants' responses to help improve disabled peoples' experiences of gaining support from their GP or healthcare professional.

## Case for Change Findings

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### The findings...

#### Five behaviours

- Smoking
- Physical inactivity
- Unhealthy diet
- Excess alcohol
- Social isolation

#### Five risk factors

- Hypertension and breathing problems
- Obesity and high cholesterol
- Hyperglycaemia
- Frailty and falls
- Anxiety and depression

#### Five diseases

- Cancer
- Circulation and respiratory disease
- Diabetes
- Bone and joint conditions
- Mental Health conditions

**75% of  
deaths and  
disabilities**

#### Sussex & East Surrey

#### Sustainability & Transformation Partnership

#### Five priorities

- Workforce and capacity strategy
- Shared decision-making and patient activation
- Re-framing our cultural norms to make the right lifestyle choices easy to make.
- Addressing unwarranted clinical variation
- Mental and physical health services and social services closer to home with good communication and co-ordination.

#### Five impacts on patients and services

- More people are living longer in poor health, which puts extra demand on services.
- The capacity in the NHS and social care cannot keep up with demand leading to delays and poor quality care.
- Insufficient numbers of dying patients being care for in their usual place of residence.
- There is an increase in reactive, urgent care.
- There is an increase in the cost of delivering services.

## **2. Methodology**

The engagement work on this topic ran between January and April 2019. We used a range of approaches to engage with local disabled people and carers in Brighton & Hove on the topic of Making Changes, Feeling Better.

A total of **112** people were consulted with throughout this consultation.

### **2.1 Survey for disabled people and carers**

We engaged with a total of 48 disabled people and carers through the sharing of our full survey. 40 people responded through our online survey platform, Survey Monkey. The survey link was shared with all GIG members and partner organisations, on local voluntary sector email forums (including the Community Works forum and SCIP discussion lists), within the GIG's Monthly Round-Up newsletter, and on several social media platforms. A further 8 people responded via the postal hard copy of the survey.

### **2.2 GIG meeting on the topic of Making Changes, Feeling Better – 20.03.19**

On Wednesday 20 March, the Get Involved Group held a focus group meeting on the topic of Making Changes, Feeling Better at the accessible venue Friend's Meeting House, Ship Street, Brighton. This was attended by 23 disabled people and carers who all participated in providing their feedback and views through group workshop and discussions, answering a selection of the questions from the survey.

### **2.3 Scope Local People's Programme outreach – 18.03.19 and 25.03.19**

In March 2019, we visited the Scope Local People's Programme meetings, led by Harriet Cavanagh, for both the Brighton and the Hove groups. Here we were able to survey disabled people attending to provide their views on a selection of the questions from the full survey.

We visited the Brighton group on Monday 18 March at the Brighthelm Centre, where 16 disabled people provided their feedback. We also visited the Hove group on Monday 25 March at Hove Library, where a total of 12 people responded to survey questions.

### **2.4 Trust for Developing Communities (TDC) BME Wellbeing Fair – 02.04.19**

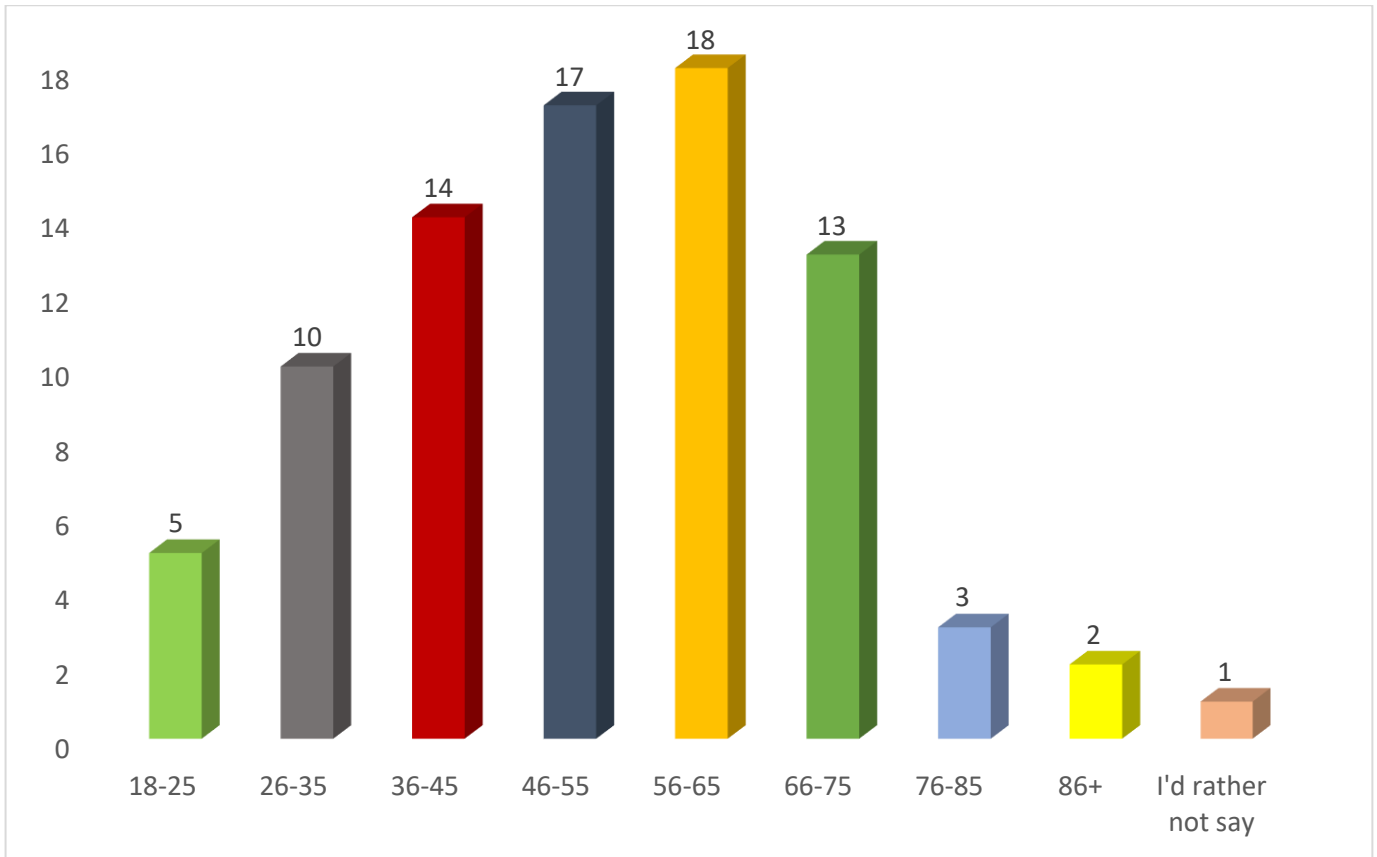
At TDC's Black, Minority, Ethnic (BME) Wellbeing Fair, we were able to engage with 13 event attendees, asking a selection of questions from the full survey.

All responses from each method above have been collated into this report, with some of the groups and people we engaged with only providing feedback for a selection of the questions from the full survey.

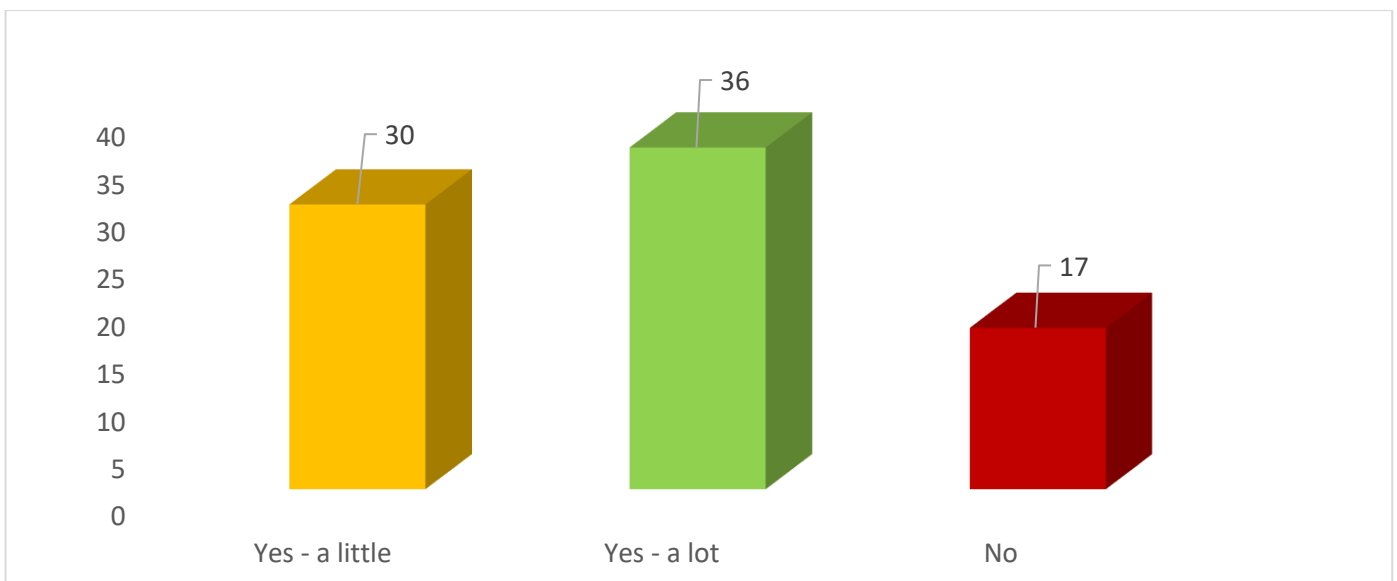
### 3. Demographics

A total of 83 Equal Opportunities Monitoring Forms were received from respondents ranging from the ages of 18 to 90.

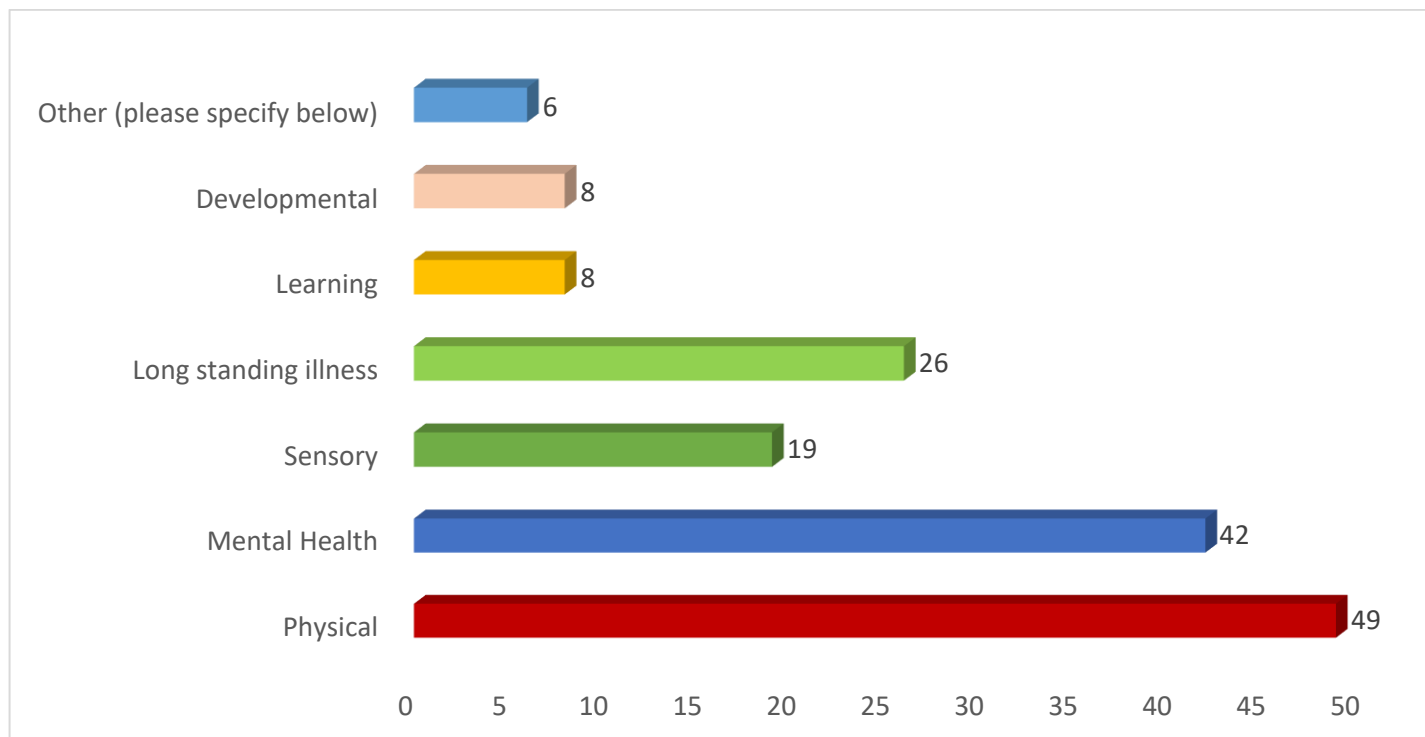
#### 3.1 How old are you?



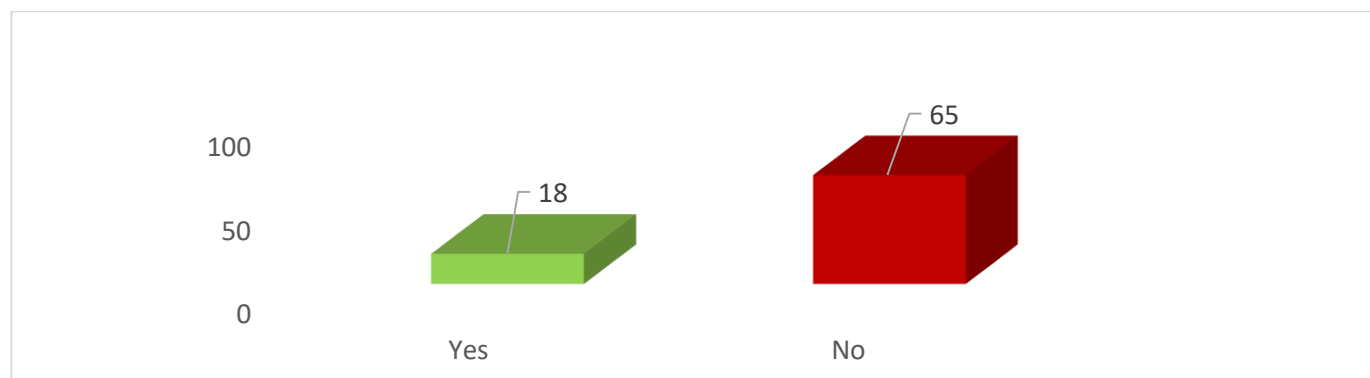
#### 3.2 Are your day to day activities limited due to being a disabled person?



### 3.3 If yes, please state your type of impairment (tick all that apply)



### 3.4 Are you a carer?



### 3.5 If yes, who do you care for?

Parent	2
Partner/Spouse	9
Child	2
Friend	4
Other family member	2
Other (please specify)	2

One person said they sometimes care for their husband, who occasionally needs support.

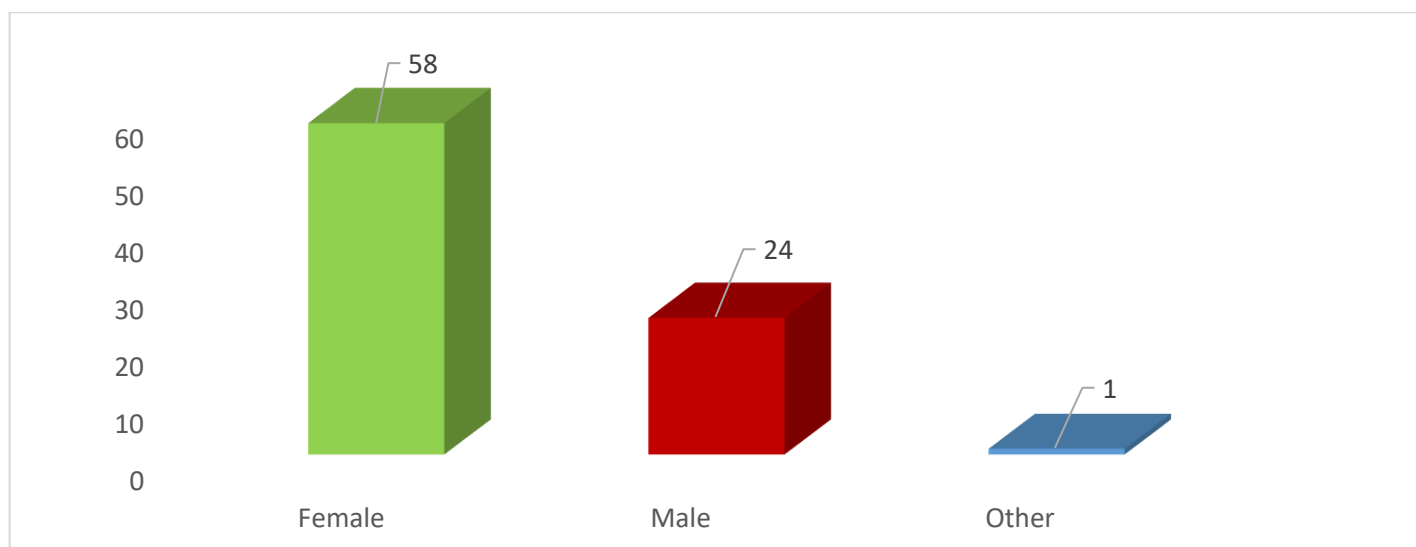
### 3.6 Sexual Orientation

<b>Heterosexual (straight)</b>	45
<b>Lesbian (gay woman)</b>	9
<b>Gay man</b>	12
<b>Bisexual</b>	7
<b>Prefer not to say</b>	2
<b>Other</b>	5
<b>No data</b>	2

In 'Other' respondents stated:

- Asexual
- Non-binary gay male
- Antisexual
- Fluid

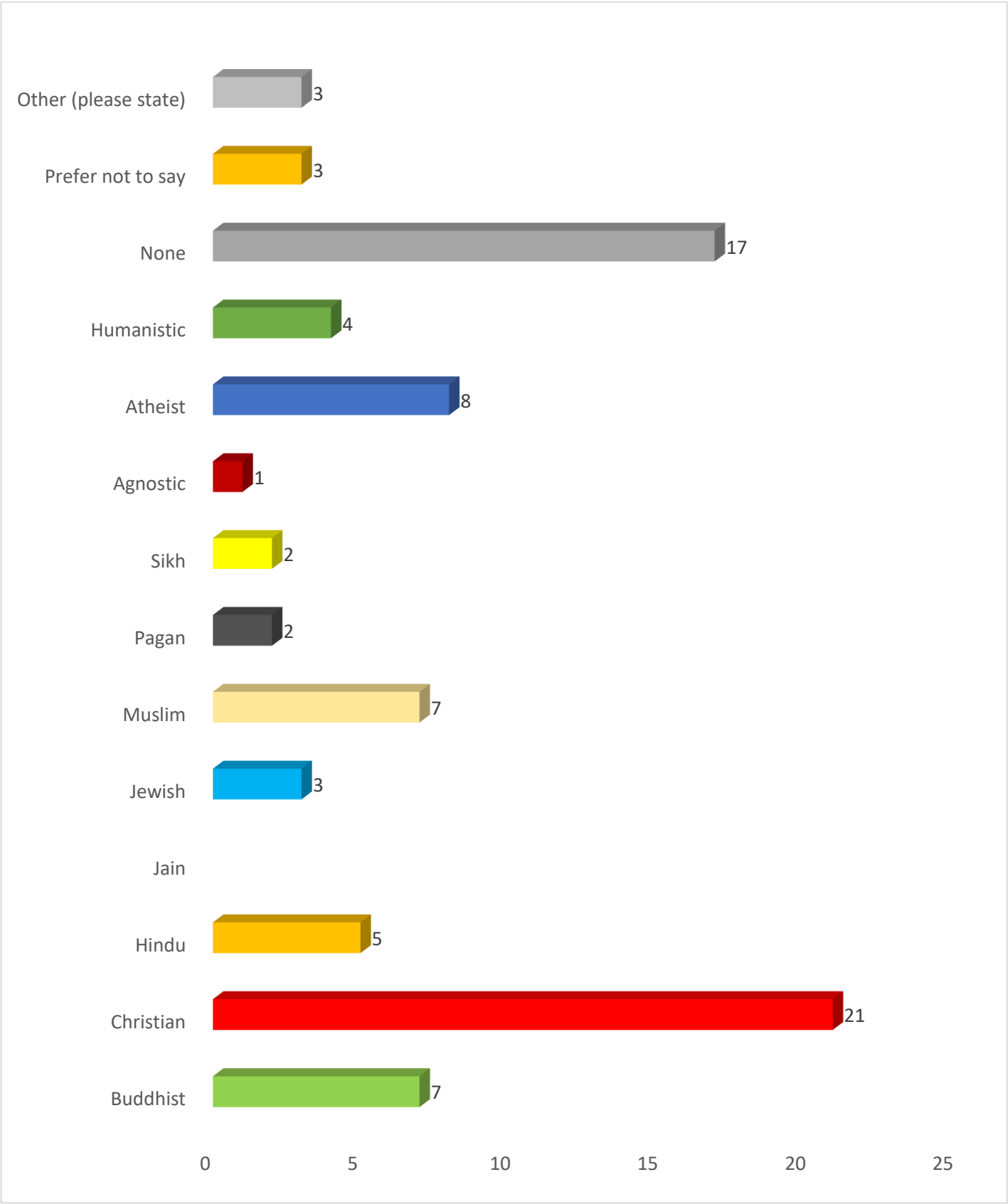
### 3.7 What is your gender?



### 3.8 Do you identify as the gender you were assigned at birth?

<b>Yes</b>	72 people
<b>No</b>	3 people
<b>Prefer not to say</b>	1 person

3.9 What is your religion / belief?



3.10 How would you describe your ethnic origin?



## 4. Survey Questions

### 4.1 From the following list, we want to know:

- The things that make you feel better that you do
- The things you know could make you feel better, but that you don't do
- The things you do that may not improve your wellbeing or health, but that you choose to do
- The things that don't help you feel better, that you don't do

48 people responded to this question within the full online and postal surveys.

Before distributing the full survey, we engaged with more than 20 disabled people on what 'things' we should ask people about in this question. This included disabled people who are within the GIG volunteer team, GIG members and disabled staff within Possability People and Enhance the UK.

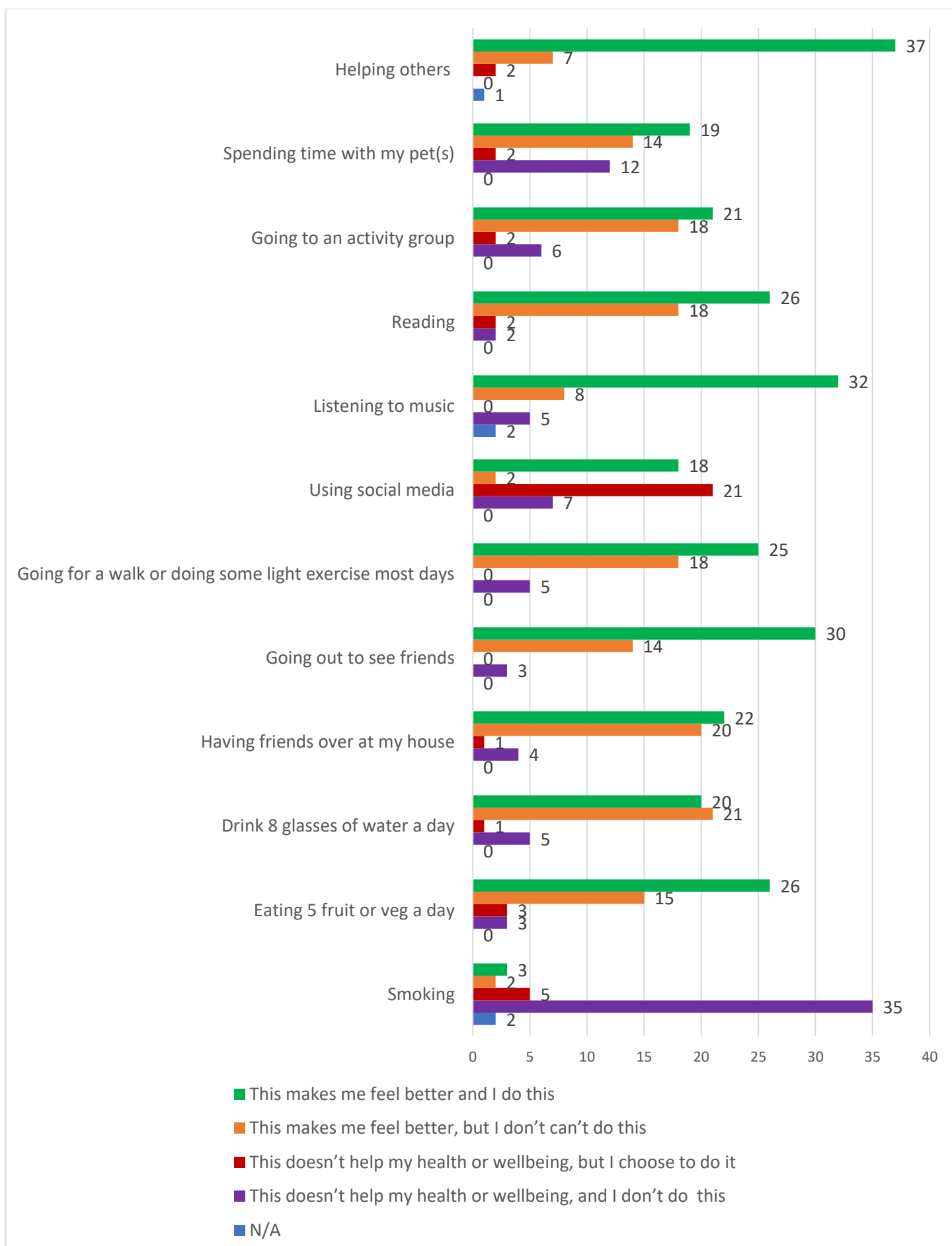
It was apparent when we were designing the survey that some of the things people do to make themselves feel better in their mental health may not always seem to be the usual recommended choice to improve overall health and wellbeing physically. For example, having an alcoholic drink with friends every so often can be good for some people in terms of socialising for overall mental wellbeing, even though physically it may be more detrimental in the long term.

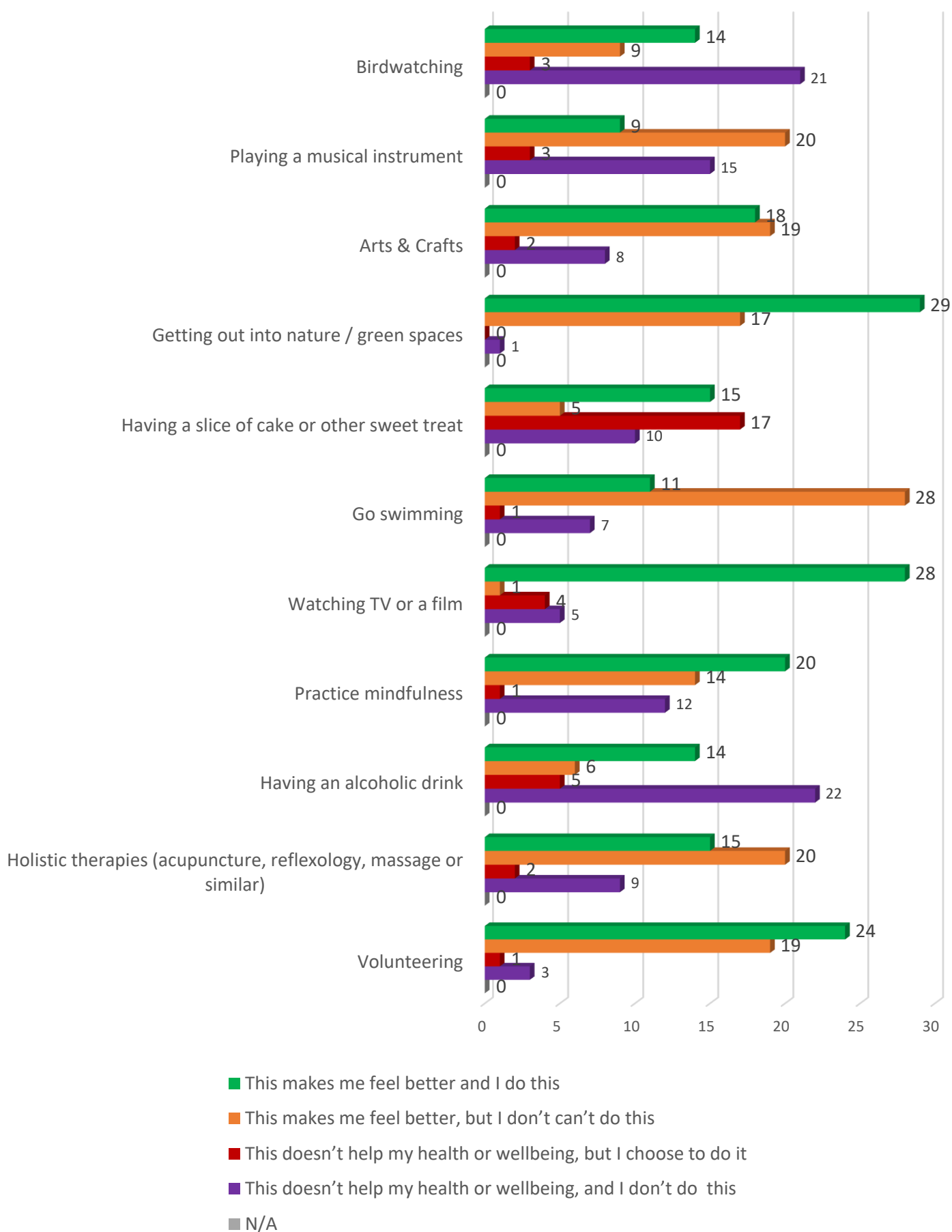
This survey question was designed to provoke the respondent to think about what they do to make themselves feel better, whether it's beneficial to their overall physical or mental wellbeing and health. We then also asked what people would like to do that helps improve their health and wellbeing, but that they can't or don't do already. We ask what the barriers are to doing these things in questions 4.6 and 4.7 below.

Another part of the question was to ask people what they do that might be detrimental to their health and wellbeing, but that they continue to do anyway. In question 4.3 below, we expand on this by asking whether they would like support from the NHS to make more positive changes and choices in their life to improve their overall health and wellbeing, and in what way they would like or expect this to happen.

It was also important for us to recognise the things people said do not improve their wellbeing or health, that they do not do, in order to encourage a positive outlook on what else they can do to keep improving their overall wellbeing and to celebrate their successes. This also provided an insight into what people generally think is detrimental to their health and wellbeing, and whether any extra awareness-raising amongst the public is needed on what activities can be good for you, such as drinking enough water, socialising and eating healthily, and how to access support from the NHS to make positive changes, such as help to quit smoking.

The collated responses are listed on the next 2 pages in the charts provided.





## Getting Out and About / Outdoors / Activity Groups

### Going for a walk / doing some light exercise most days

*“I don’t have enough PA support to do the things I do, and my hours keep getting cut all the time. It comes down to having help getting dressed and eat or help with going out, so obviously I don’t go out as much anymore.”*

Encouragingly, 25 people (55% of respondents) say going for a walk or exercise improves their health and they do do this. However, 18 people (38%) know this helps improve their health, but can’t or don’t do this. No-one said it made them feel worse and they don’t do it, and only 5 people stated it makes them feel worse but they still do it.

For those who were unable to go out as much as they would like to, they most commonly stated that they needed more money to do so, more PA support or someone to go with them.

### Getting out into nature / green spaces

*“One of my aims to access the countryside more for a wheel around. The problems I encounter are mostly physical ones, e.g. wheelchair getting stuck in the mud and not being able to get out to the same places as my able-bodied friends.”*

62% of participants (29 people) stated that getting out into nature makes them feel better, and they can do this. However, over a third of people (36% / 17 people) stated this does make them feel better, but they can’t or don’t do it.

No-one again stated that this doesn’t help them feel better, and they don’t do it, and only 1 person stated it doesn’t help improve their health or wellbeing but they still do it.

### Going to an activity group

*“I need more accessible activities and groups to go to. Hardly any of them are, so I can’t go along and do what I want to do.”*

Almost half of respondents (45% / 21 people) find going to an activity does make them feel better, and they do this. A further 35% (18 people) also find this helps them feel better, but they either can’t or don’t do this.

### Swimming

*“I need PAs to help me exercise. I am lucky to have a social care budget that includes going to a specialised exercise class at the MS Centre once a week. I would like to do more, but appreciate that I can do some at least.”*

A significant 60% of respondents (28 people) stated they wanted to go swimming as it makes them feel better, but are unable to do so or don’t.

## **Indoor / solo activities**

In comparison to a lower amount of people stating they feel able to do things out and about in the previous section on page 12, a higher amount of people in this survey found that they are more able to do activities they can do at home, including reading, watching films, listening to music and social media. The responses of participants is summarised below.

*“What I can and can't do is impacted by health conditions and expense.”*

### **Watching TV or a film**

The majority of participants (60% / 28 people) stated that watching TV or a film makes them feel better and they do this. Only 1 person (2%) stated this makes them feel better but they don't or can't do this, which suggests that this is an accessible activity for the majority of people.

### **Reading**

Over half of participants (55% / 26 people) find reading helps them feel better and they do this. However, a further 38%, or 18 people, also find that this helps them to feel better but they can't or don't do this.

*“Reading gives me a sense of escape.”*

*“A lack of energy and poor sleep means I find it really hard to concentrate on anything”*

### **Social Media**

Over a third of people (38% / 18 people) said using social media improves their health and wellbeing, and so they do this.

However, a worrying 45% of respondents (21 people) found that social media is detrimental to their health and wellbeing, but they still use it. Only 2 people don't or can't use social media when they think it makes them feel better, and 7 people (15%) state it makes them feel worse, and so they don't use social media.

*“I think my main problem is that I don't feel confident enough to go out on my own, which really limits what I can do. I don't like most of the stuff said on social media, it's either people portraying their perfect lives which I feel I don't have anything near, or it's negatively attacking people for saying the 'wrong thing'. I've had some abuse for my disability before and even though it was from someone I had never even met, it made me feel awful.”*

## Helping Others and Volunteering

### Helping Others

An overwhelming 78% of participants (37 people) stated that helping others makes them feel better, and they do this. A further 7 people (15%) said that helping other also helps them feel better, but they can't or don't do this.

*"I have a lack of motivation and confidence. My health has deteriorated and so I can't go out and see anyone as much as I used to. I would like to be more social but it's so difficult now without help."*

### Volunteering

Over half of respondents (51% / 24 people) said they do volunteering, which makes them feel better. A further 36% of people (17) know that volunteering would improve their health and wellbeing, but they don't or can't do this.

*"Social barriers prevent me from doing this – sensory overload means that many 'normal' events or places are exhausting for me due to levels of noise, etc. There are lots of things I would love to do, but without general awareness of the impact of noise, etc., and any adaptations that need to be made, it can exclude many people with autism."*

### Holistic Therapies

Almost a third of participants (15 people / 32%) find that holistic therapies, such as acupuncture or massage, helps them to feel better and they do this. However, a further 43% (20 people) also find this helps them, but either can't or don't access these therapies.

*"Many holistic therapies help me feel better, but they are all so expensive and I can't afford them, which is devastating. Why can't GPs refer you to more holistic therapies that will help improve your health? There are so many people needing access to support for mental health issues, why not offer low-cost alternative therapies that could help prevent people from becoming too ill? Physical health conditions need it too, acupuncture can really help me and prevent me from seeing the GP for my pain condition all the time, but I can't afford it very often."*

## Healthy Diet

### Drinking 8 glasses of water a day

Only 43% of participants stated they drink 8 glasses of water a day when they know it's good for their health and wellbeing. A further 21 people (45%) also stated they know it helps improve their health and wellbeing, but they don't or can't drink this much. Only 1 person said this makes their health worse, but still do it and 5 people stated it makes them feel worse so they don't do it.

*"I don't like drinking too much water when I'm out, as there aren't always toilets nearby that I can use if I need to urgently, which happens a lot. So I just don't drink as much as I should."*

### Eat 5 fruit / vegetables a day

Over half of participants (26 people / 55%) know this improves their health and wellbeing, and they do consume this much each day. A further 32% of respondents stated this makes them feel better but they don't or can't do this. The main reasons given were the cost of buying fresh fruit and vegetables each day.

*"My budget doesn't allow me to buy fresh fruit or veg as much as I would like. Healthy eating is more expensive than stuff from the freezer, and I'm broke all the time. I wish I could but I don't know to afford fresh over frozen – I don't think you can."*

## Smoking, alcohol consumption and sweet treats

### Smoking

An encouraging 74% of participants (35 people) stated that smoking does not help them to feel better, and so they do not smoke. Also, a further 2 people stated it makes them feel better but they choose not to smoke.

However, 3 people (6%) stated that smoking makes them feel better and so they do smoke. A further 5 people (11%) said they know that smoking is detrimental to their health, but they still choose to smoke.

*"Smoking marijuana helps my pain conditions."*

*"I have given up smoking with the help of friends, not the NHS. I can manage my own weight and I feel healthy most of the time. I don't trust that doctors know what they are doing, they just do what they're told but everyone is different."*

### **Having a slice of cake or other sweet treat**

Almost a third of participants (32% or 15 people) find that having a sweet treat makes them feel better, and so they do this. A further 17 people (36%) said they know it doesn't help their health or wellbeing, but they still do this, suggesting more awareness raising may be needed to highlight how to increase the healthiness of your diet.

*"1:1 support for weight management is needed, but GPs and doctors never have the time to help you for as long as you need them to. They're always trying to get rid of you as quickly as possible. How can they understand what's going on with you in just 5 minutes? They can't!"*

### **Having an alcoholic drink**

14 people (30%) stated that having an alcoholic drink makes them feel better, and they do this. A further 6 people (13%) stated that having alcohol does make them feel better, but they don't or can't.

The majority of responses, 22 people / 47% said that drinking alcohol makes them feel worse and so they don't drink it. Another 11% (5 people) stated that alcohol makes them feel worse but they still drink it.

*"I find alcohol to be a form of escapism. I can't go out like I used to, I don't have as many friends as they don't understand why I can't go out as much since getting more ill, so what else can I do to feel normal? I don't think I drink too much, but it helps me to escape reality and loneliness."*

Further comments provided are listed in the table on the next page.

### Further comments / anything else you would like to add:

Owning a car and being able to drive has been great for my mental health and physical freedom - it gives me space to clear my head and opportunity to travel to disabled sports clubs where I socialise and exercise.
I drive to venues and use the lifts instead of the stairs where possible!
Spending time with family. Gardening (from my wheelchair) and community gardening making patches of social housing pretty!
Photography
Respite from single parenting which I never get.
I like birdwatching as they are well camouflaged, their singing helps me and I so I enjoy their songs which is good for my wellbeing. But I rarely see them.
Taking my prescribed medication. Being on my own without people bugging me as I am unsocial.
I try to raise awareness of social injustice and talk about income inequality and how lack of money has a negative impact of our health and wellbeing. I'm also an advocate for unconditional basic income which gives dignity back to those who are oppressed by the universal credit system.
Chat over tea/coffee with friends or neighbours - when there is the opportunity - not much of this provided at local community centre
Everything I do comes at a significant cost. Whether that's trying to listen to a radio show, or go out for a deep tissue massage with a specialist, or try to see friends. I end up unable to function at a basic level as a result of exertion and it's not a case of just doing something because it helps me feel better - I have to weigh up the preparation and aftermath too.
Good therapy helps, but is expensive or you have to wait for a very long time
I am very mobile at the moment, but I have mild arthritis and am terrified of becoming immobile
Listen to relaxing music. Walking just for the sake of it bores me.
Access to events held at Brighton Dome, Brighton Centre local music venues when I can afford them e.g. when free or discounted as I feel like a part of Brighton then not just watching other people do interesting stuff
Bite sized goals; realistic view of what I can achieve day to day
Some of the above, like birdwatching, I do occasionally
Running - couch to 5K NHS podcast, sauna, steam room

## 4.2 What other things do you do that make you feel better?

68 people responded to this question.

During our visits to external groups where disabled people and carers meet in the city, including the two Scope Local People's Programme meetings we attended and the Trust For Developing Communities BME Wellbeing Fair, we asked this more open question to gain further responses towards this survey.

All collated responses are listed below.

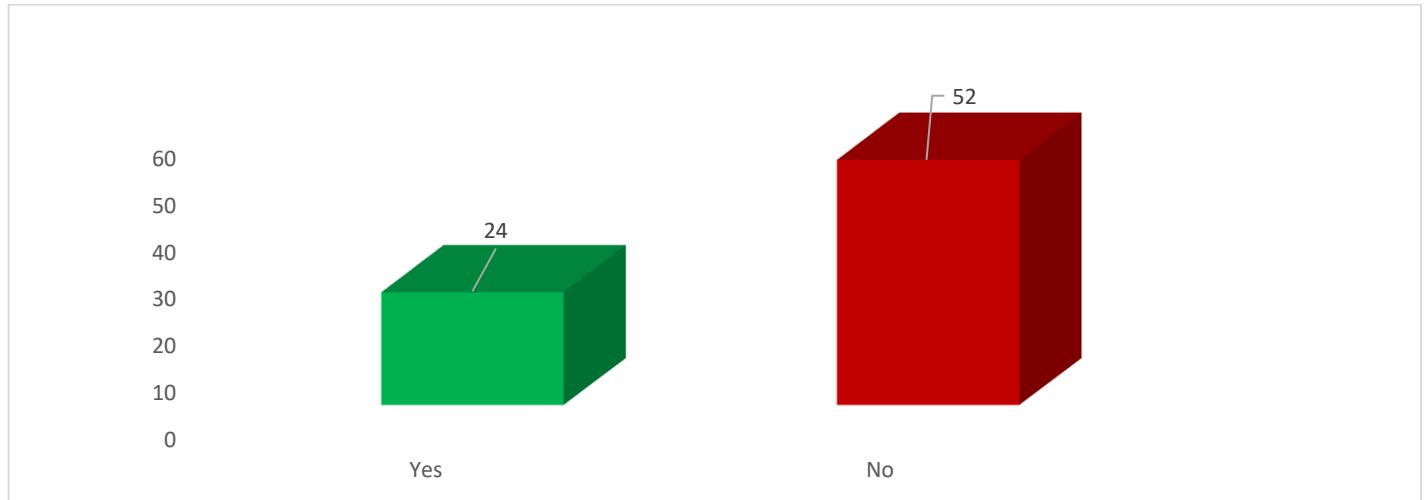
*“Being able to get a Doctor appointment when needed is very important, but is very difficult. I often have to wait two weeks to see my named GP, by which time I would have had to go to hospital if it gets worse. It's terrible. They need more GPs!”*

Gardening
Badminton
Keeping myself happy and smiling
More support groups for over 60s and community centres in Hove (BN3)
I need to look after myself more.
Going for a walk (x 5)
Family
Acupuncture
Eating tasty and healthy food
Exercise (x 3)
Cycling
Enjoying the company of friends
Reading
Working
Go to the gym / Pilates
Travel to warmer countries, especially Greece
Go to the cinema with friends
I have my family to help me, I don't trust doctors

I only get to see my nurse now, not the GP because they are never available. The GP knows me, the nurse doesn't, so I don't get the help I need. They never have the time to help.
I don't smoke and I do exercise all the time.
Kiss and cuddle my pets
Exercise – running / gym / swimming
CBD oil is good for people with neurodiversity, as long as you get the right guidance and support on how to use them.
Massage
Talking to friends, meeting up with friends
Going on holiday
Sitting and drawing, focussing on one thing at a time
Sustained meaningful relationships
Being outside in nature
Playing video games
CBT – ongoing therapy and longer amount of time is better than short bursts, but difficult to access
Role play games outdoors
I like to stick to my routine
Wine and beer!
Smoking makes me feel better
Sex and masturbation
Self-care

#### 4.3 Of the things you do that may have a negative impact on your health, such as smoking, would you like support from the NHS to make a positive change for yourself?

76 people responded to this question in total.



Over two thirds of respondents (70% / 52 people) stated they would not like any support from the NHS to make positive changes for themselves. A further 24 people (32%) would like support to make positive changes in their lives.

*“I tried very hard for many years to get low cost gym sessions on the NHS, as my weight had increased after two children. Without success then I tried bariatric surgery on the NHS and I was turned down. I definitely feel that weight management help is needed as I believe many people are overweight because of either depression and/or disability, preventing them feeling like exercising or going out or being able to cope with any additional exertion activity pain etc.”*

*“I have a binge eating disorder and was under the NHS Eating Disorder Clinic but they only offer CBT which doesn't work on me. They also do groups and I got picked on by another group member and no-one did anything to stop them. I found seeing dietitian much more helpful as it was practical advice, but you only get 6 one-to-one sessions with an NHS dietitian, which is not enough!”*

Further comments are listed in the table on the next page.

## Further Comments:

I like being able to have the occasional piece of cake etc. without feeling guilty! As long as it's in moderation, it's OK.
I would like help managing stress/binge eating
I would like to lose weight but there is a long waiting list to be put on. I would also like to see more alternative medicines, and therapies more easily available
If in a group where we can share our knowledge and dreams in a safe non-judgmental opportunity that is open ended not dominated by professionals.
I would like trauma intervention as at this time of my life I'm ready to face all the horror what I have experienced through my life. I'm writing journal and has a nice friendly network of people and family members but I need a trusted place where I could talk to professional therapist.
Most of my time is taken up following up medical problems or attending medical appointments - if I had support via a group , Counselling or at a community centre I would get out more and make new friends - which I need to do. In West Sussex they have a special helpline under their Well being service to support people with long term health conditions - so does East Sussex but in Brighton there is nothing like that provided !
Tried NHS help, but made it worse so I went private.
I stopped smoking by myself
I don't smoke or really drink. Only 1 unit a week maybe, but think the NHS would help people if offered to them
I've given up everything that's naughty, and now live a wholesome but boring existence
I'm not a smoker & I'm not really a drinker.

#### **4.4 If yes, you would like support from the NHS to make changes to improve your health and wellbeing, what would you like support with? What changes would you like to make?**

*“I need to have more confidence in myself. I’ve lost a lot confidence since my health has deteriorated and I find it more and more difficult to feel able to socialise or even leave the house. I feel guilty having to rely on friends and people around me to support me when out all the time, it changes the dynamic of friendships.”*

The most common responses from participants stating the ways in which disabled people would like more support from the NHS to be able to make positive changes to improve health and wellbeing include the following responses:

- Shorter waiting times and priority given to see a named GP for people with complex needs or multiple health conditions.
- More social prescribing from GPs for disabled people to access the community support they need to help self-manage their health condition or impairment. This includes signposting to local community support available for those who are lonely and isolated, people living with depression or anxiety, and for people who would benefit from access to low-cost exercise classes or support groups.
- More specialised, accessible support for disabled people to help lose weight when living with a long term health condition, impairment or experiencing limited mobility. Deteriorating health can often lead to weight gain, so more specialised and person-centred support is needed.
- Signposting to low cost holistic therapies and nutritional advice
- Better understanding is needed from GPs and healthcare professionals for how to support people with dual diagnosis and complex medical needs. Greater focus on person-centred approaches is required, not just focussing on one condition at a time, as each health condition affects the other.
- Longer appointment times should be more widely and openly offered to people with complex needs or multiple long term health conditions.

All responses are listed in the table on the following page.

## All responses:

Shorter waiting times for appointments for wellbeing services
Signposting, direct suggestions from clinical professionals, or even prescribing things (like in Japan where their doctors prescribe time in nature to help a person's wellbeing).
Alternative therapies massage acupuncture, etc.
Lose weight , and access CBT
To give at least as much funding to the Centre for Ecotherapy at Stanmer Organics as is possible.
Curing my Binge Eating Disorder and stopping self-harming/self-sabotage
Stopping anti-depressants in a gradual supported way
Nutrition advice
I could be an advocate for healthy lifestyle choices and be a member of a professional body which works against social stigmas, extremism and bring the morale back to the society.
More going out and about via help or support with medical follow ups in a complex health situation
Acknowledgement and support for Lyme Disease - diagnosis from outside NHS England.
Offer yoga/local Video of exercises. My nan loved the exercises on TV Mr Motivator
Eating more healthy veggies. Activities can be expensive.
Weight loss
I would like support with getting more exercise. I think it would be great if they could set up a walking group for people who struggle to go out on their own.
Weight management support
They emailed me about having a health check for over 40s, but because my GP surgery is too far away I only go there for something major because it takes so long and when I'm feeling ill it's extremely difficult to get there. They have referred me for my knee problems because it got very bad, but there is no-one nearby me that I can see for the smaller things.
More help to manage my Type 2 Diabetes. They give me the medicine, but what about every day support and help? What else can I do to help my condition get better? I haven't been told, they just prescribe drugs that's it.
NHS services have never been of any help to me. The only useful things have been community services that I found myself.
I need support dealing with loneliness and depression.
All kinds of support but they don't give me any.
Help with finding affordable holistic treatments.

Gym membership, hands on to promote health & wellbeing
Spend budget more wisely
More support groups tailored to need
Swimming – body & mind
More support for GPs (constant ongoing training) to enable more support for patients
Time management surgeries
More funding
More information on each patient's symptoms/problems
Need to bond more to have a better relationship with patient
Can be too business-like, could be more supportive to patients, more empathic about living with long term health condition(s)
Person-centered, a holistic approach
Social prescribing should be more widely offered
Should be a named GP for people with long term health conditions
There can be additional difficulty dealing with undiagnosed/unnamed conditions – honesty and humility works well
Shorter waiting times for support to make changes, including counselling/new diagnoses
Better initial assessments and more well-rounded, person-centered & cross-department
People have to pay privately to 'jump the queue' – shouldn't have to
Look at multiple conditions at once – a whole person approach – not all symptoms are down to your one health condition, it could be something else.
Joint decision making with the person on how to describe your condition

#### 4.5 If no, why do you say that? What might help encourage you to make more positive changes when managing your health condition(s)?

*“If I exercise more, and the DWP see me, I worry that they will say I'm not entitled to my benefits. But if I don't exercise, it makes me feel a lot worse. My chronic fatigue and MS means I need to exercise more, but I worry that I don't look 'disabled' enough if I do, so I just stay at home alone.”*

I would like to swim more but it's now so expensive and I have had 'hydrotherapy' but the nearest one I know of to me is all the way over in Hayward's Heath so I can't get there. I like gentle exercise due to my hip, which is a replacement, and gives me pain all the time even when walking.
There are certain things that may not be healthy but they seem to make an impact on my wellbeing in the short term, but could be detrimental to me in the long term (e.g. smoking, alcohol, junk food, inactivity).
More support for other people with pre-existing conditions to help them manage pain or illness.
Funding for local meeting places so that they are free to participate there on a long term basis with clear ground rules that participants agree to among those attending.
Doing more physical activity certainly raise my happiness level and doing this as part of a group makes it even greater.
Physically unable
More support from DR and sign posted to services available.
At this point, I'm not sure it's as simple as positive changes. Ideally if the NHS could provide me with specialist help in the form of physio (at home) and deep tissue massages (again, ideally at home to prevent the cost to my energy levels being so high) then that would help my pain levels, but this isn't possible as there aren't specialists in my illness.
An accurate diagnosis would help greatly
I don't feel confident that the NHS has the resources to help me make these changes
A new heart, and pancreas
I am giving up
Access to exercise facilities being cheaper
Not in the right place to give up smoking currently
I can manage my own choices
I don't feel that my indulgences do me any serious harm

Just a bad attitude to tackling my vices.
1:1 support with weight management is needed, but they never have the time to help you for long enough. It's always getting you in and out as quickly as they can. How can they really understand what's going on with you in just 5 minutes? They can't!
I have my family to help me, I don't trust doctors
I only get to see my nurse now, not the GP because they are never available. The GP knows me, the nurse doesn't, so I don't get the help I need. They never have the time to help.
I have given up smoking with the help of friends, not the NHS. I can manage my own weight and I feel healthy most of the time. I don't trust that doctors know what they're doing, they just do what they're told but everyone is different.
I don't smoke and I do exercise all the time.
He's already good at that. I do what makes me feel better, I know my own body and mind and what I need. You just need to listen to yourself and look after you.
I have my family to help me, I don't trust doctors
Be more holistic in your approach! I am always told to lose weight by my GP by he doesn't actually help me to do this when I want to. This also seems to be the only thing he focusses on and assumes all my health problems are because I'm overweight, which I know they're not. If I go in with my back problems or pain condition, he just says I need to lose weight. I like the way I am and unless I feel supported to do something about it, I can find it really difficult. I wish he would either help me more or listen to my concerns and not blame everything on my weight
I get fobbed off by my GP all the time, he doesn't take me seriously. I just do my own thing, he doesn't listen to me and hasn't supported me to make changes.
They focus on small issues like smoking or weight, but don't have the time to actually support you to make changes
Mental health services have asked about my alcohol intake. I told them I only drink a small amount per day, if that, but they wouldn't help me any further with my mental health until they said I went to the drug and alcohol services! I don't even drink that much and just need support with my mental health, how is that helpful?
Occupational Health at work were really good with me, but my own GP isn't as good at helping me.
It's a case of 'what do you want to do?' versus 'what are you going to do about it?'
You need to really lay it on thick and act worse than you are to get any sort of support. I felt like I had to exaggerate some of my feelings to get any support at all
You can have 18 free sessions from the Pavilions as a friend or partner of someone who has alcohol or drug problems, which is better support than I've been offered before.

The NHS doesn't provide support for wheelchairs that don't work or break down, but without it I would just be bed-ridden. Why don't the NHS provide wheelchair support and ongoing maintenance support, which everyone needs to feel safe and able to go out?!

I have accessed lots of services that have helped me, but none of them have been through the NHS or suggested to me by my GP. I had to find out all about them on my own, which not everyone can. I have used private therapy because I couldn't wait for 2 years to access it on the NHS, and I use lots of charity services to support me with my health and mental health too. GPs should be referring you to more community services, particularly for those who haven't accessed them before!

#### 4.6 What do you think the barriers might be for you to make more changes to help improve your health and wellbeing?

*"I am autistic and services are set up for non-autistic people. I find most NHS services distressing and panic-attack inducing to access due to them not being autism-accessible and when I try to explain to staff that I'm not coping due to autism, they don't take it seriously at all and act like I'm just being difficult. This is a very prejudiced and ignorant attitude and is a breach of the Equality Act 2010!"*

Money even though I get disability benefit support. Living in Brighton is so expensive but I don't want to move.
Money and having someone with me at activities.
Expense Health conditions Hard to change established behaviours
Cost, time, & education of healthcare professionals.
Motivation. And financial too.
Time constraints - work, childcare
Money, support to get to things. I need someone with me but I don't have many friends or family who can help. I just need someone for 4 hours a week to take me swimming or go out walking with me
Busy at work, reducing time and energy outside work.
Ingrained coping methods
Money and motivation
Dominating professional group facilitators instead of encouraging participants to establish their own boundaries to strengthen mutual respect.
Lack of money, low self-esteem and being a European migrant right here and right now, it's not so nice. I feel myself excluded and ashamed.
Lack of support/ transport
Chronic illness that isn't understood or monitored properly by health professionals
Knowing what's available and affordable. Local.
Time and money
Energy and pain levels are the main barriers. Funding. Time with carers (for instance, I'm limited to 10 minutes to prepare every meal, so can't have complex meals).
Incorrect diagnosis has been and still is horribly confusing

I try hard and have lost weight before my knee hip arthritis has got too bad. Think GPs need to ask people over 50 + to have a weight check
Money – Time - Confidence
Expenses needing assistance
Confidence issues cost support that i can design myself
Not knowing what works; coping mechanisms; support with resilience
Personal/family commitments constrain me a bit
Unable to access services
I am a carer and hold down a job and am disabled
I think my main problem is that I don't feel confident enough to go out on my own which really limits what I can do.
Having to renew forms/dealing with system for a condition that will last for my son's lifetime – he will never get better/terminally disabled. The additional bureaucracy increases anxiety.
Dealing with new people who haven't read the notes – doctors, PA's carers, respite – having to repeat the information all the time, or that care is missed.
Having to renew forms/dealing with system for a condition that will last for my son's lifetime – he will never get better/terminally disabled. The additional bureaucracy increases anxiety.
Dealing with new people who haven't read the notes – doctors, PA's carers, respite – having to repeat the information all the time, or that care is missed.
Money
Support for looking after your pets when living with a health condition
Inaccessible places
If you don't drink or do drugs, where do you go to socialise? If you have an aversion to drunk people, where can you go in the evening?
Finding the right PAs makes a world of difference, but you need the funding to do so
Carer respite opportunities are drying up, so I have less support
Transport is inaccessible
Everywhere is too crowded, I get overwhelmed in big crowds and it can make me feel a lot more ill and dizzy, which limits where I can go
People's attitudes is a huge barrier
Rail travel is inaccessible and can be dangerous when you're a wheelchair user and there isn't someone there to assist you coming off the train, even when you've booked the support a whole week in advance!!
Support with admin and applying for forms etc.

Internalised ableism, not being able to behave in the way we want to behave in public because of social prejudice
We need to change people's attitudes, it's the biggest barrier there is
The level of understanding of conditions and natural behaviours
Other people are the barrier!
Steps & physical access
Mobility and pain
Discrimination, other peoples' judgments/assumptions/attitudes, particularly if you have a hidden and/or fluctuating condition
Lack of confidence, low self-esteem, anxiety, being unrealistic
Changing habits
Getting overwhelmed
Personal attitude – personal determination/motivation, you need to be ready to do things, not when you're told to, you need to want to
Energy levels
Rigid, stringent care-plans/packages, don't allow flexibility to use personal assistant/carers in a way I would like to stay healthy
Need support to go out
Lack of resources, time, information or knowing where to get the information
Family care/responsibilities, lack of respite
Time – work or other commitments
Concern over being seen to be 'too fit to be on benefits'
DWP benefit barriers
Cost/expense
Cost of holistic therapies

## 4.7 What would help overcome these barriers to help you make more positive changes for yourself?

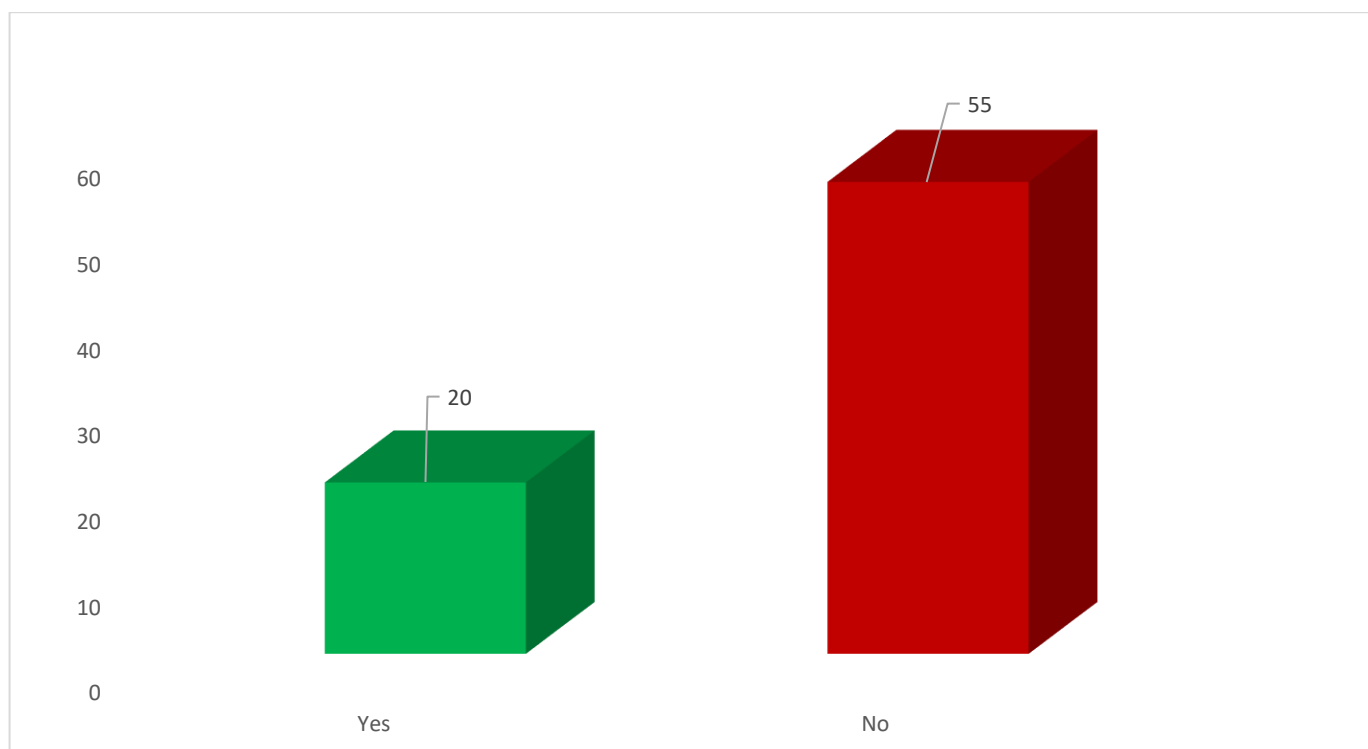
29 people responded to this question through the full online / postal survey.

In 4 years' time I will be 77 and will finally pay off my mortgage so I can go on holiday and have more me time!
I have a 'free wheel' that helps me to go over rough ground, which is good to a certain extent. The other thing I could do is look into accessible trails (I think there is a guide online somewhere) This could help me go on faster trails.
Activity buddy scheme. Knowing what is available nearby
On-going support to help change established behaviours
More social care money - but that's unrealistic.
Country wide initiatives, more support from local & national government, support from employers.
Free childcare
More help, a volunteer activity buddy scheme maybe? And knowing where the accessible things are to go, where are they?! Really hard to find anywhere that I can get to as a wheelchair user and with MS.
Getting more sleep
Being able to put my needs first, money to do some of them.
More available therapies on the NHS
Hot drinks and snacks to be available to develop friendship between participants.
If I could have one-to-one support instead of groups. If I could wait in a quiet area when waiting to see medical staff rather than the main noisy, smelly waiting room.
Turn the clock back several years.
Find a proper job or income source where I feel myself as a valued member of this society.
As said above help with medical follow up and accessible places to go to make new friends and follow (new?) interests
Doctors educating themselves by listening to those with CFS/ME. Care coordinators being funded for people with chronic illness.
Free courses/advice to find out what's available.
Ideally help with physio, but this is complex as there isn't any specialists in my condition in the NHS in Brighton as far as I can tell. The risks are that if I don't have the right help, I will do more damage and end up worse off (needing more care etc.)

Be accepted as having Lyme Disease, and the NHS acknowledging the hardships of having this disease, offering integrated health care
I am positive since losing weight and go to an exercise class. It's £5 that is in the local church
Decent waiting times
allowing people to select what they need in a package of help that is free and low cost some personal trainer sessions to help kick-start
A programme / other people to do it with
More control over my life
Cheaper prices
Nothing! In a family you take the rough with the smooth
If activities were less central and easier to get to
If there was more support available to help me get out.
Knowing about healthy eating choices/exercises to improve health – is it taught in schools?
More NHS referrals for treatments that cost lots (e.g. massage)
Keeping busy, getting out every day
More holistic/flexible/wellbeing approach to care-plans/packages
Self-forgiveness, self-acceptance – coming to terms with your health condition
Accessible, free or low-cost counselling
Taking small steps, bite-sized goals
Day planners, breaking day down into chunks – not overloading
Time out/respite
Resources
Support with taking small steps, creating bite-sized goals, to decrease pressure
Support from friends, family, community (inclusive approach, not just disability/impairment focused)
Spoon theory & similar tools – managing energy levels proactively
Being realistic
Encouragement
Lobbying MPs, changing the way benefits are assessed
Communication/being connected & plugged in
Social awareness/raising awareness to combat judgment, negative attitudes

## 4.8 Has your GP / Healthcare Professional spoken to you about making these sorts of changes?

75 people responded to this question.



### Further comments:

I would like an appointment to do so, I never thought about asking my GP for help with losing weight before. They gave me help with my diabetes, but not exercise like I asked
I have to travel very far to see my GP now because I have moved house but don't want to change my GP because I like them and they know me. I don't want to change them, but it takes me more than an hour to get there. It's very difficult to find a personable, humanitarian GP who listens to you, so I'm sticking where I am for now.
They helped with headaches, but I still have headaches. It hasn't really helped and they don't know what else to do.
The Health trainer service was helpful
I wouldn't know to ask the GP about anything other than specific health problems, but they could help more people if they signposted to some of the things to do in the city to help people become less lonely and get more sociable. I go to groups, dancing and food events but I only know these through my friends. People who have no-one rely on their GP for this information and if they aren't given it then they're sometimes left to rot on their own in their homes.
They can't offer me anymore than they already do.

I've had CBT which was quite useful in the short term.
Peer support/a mentor for autism would be really helpful (recently diagnosed as an adult).
Group stuff works less well for me (having autism) as it takes a lot my energy fitting in / accommodating to the situation.
The Neuro-behavioral unit at Brighton General have been very helpful.
One GP did once ask if I wanted help to stop smoking. He gave me a leaflet but no signposting to anything locally that I could access
My GP is normally quite good at this, but only if I get to see my named GP who knows me well. This doesn't happen as often as I would like it to, as they are not usually available anymore so I see a locum doctor who is overworked and doesn't have the time to refer me to anything. We just talk about the one thing I'm in there for and that's it, no time for anything else.
It's a mixed bag – it depends on who you see.
Seniority is a problem. The more senior a doctor or healthcare professional is, the worse they are and the less personable they are. They just want you in and out as quickly as possible.

#### 4.9 Is there anything you would like to tell us about that that's positive or negative?

I had my usual health check this year, but was not given a mental health check. This should be offered, what support is there for mental health? My GP has never talked to me about this, only prescribes pills which I hate.
They don't care. They just want you out ASAP.
The GPs at my surgery are generally very supportive. If you're proactive in your care, they respond positively - but this does mean the onus can lie on the patient to ask for what they want.
They have checked that I'm getting exercise and support to shop / eat healthily.
They just say are you still smoking? I say yes. They say, would you like help to quit? I say no. It ends there. They don't really make much effort to help me stop. I'd like to maybe go to a support group to be with other people who are quitting smoking but I don't know of any and neither did my GP
GPs don't care, they just prescribe pain medication for my chronic pain but don't say what else would help. Surely there's an activity I can do safely that would help, not just tramadol?
Generally fine and sleeping well. Just would like some more!
Yes, they said they would put me on the waiting list for weight management but that was weeks ago, and I haven't heard anything from them.
Having an interactive feedback process with the local Clinical Commissioning Group.
If they had a go at me about 'making changes' this would just trigger me to binge/self-harm as I have very low self-esteem and self-worth so being criticised crushes me and is detrimental to my mental health.
It is difficult to get a GP appointment - let alone one with someone who knows me well enough to help or mention any of the above.
My doctor rarely takes me seriously and puts everything down to old age
No information/advice given.
I'm not sure they fully understand the complexities. They (and consultants and the district nurses) all have said I need to lose weight, but couldn't offer help - when I've asked whether NHS dieticians could be involved I was told they are unlikely to be able to work within the constraints I have, i.e. only 10 minutes to prepare each meal with a carer and unable to get out to the shops to get in fresh fruit and veg on a regular basis. The same for increasing my time out of bed, I don't think they realise I'm constantly fighting to do more and then paying the price with increased symptoms and pain.

People are too overweight, so become immobile, then it's even harder to lose weight especially if they have health problems. More help is needed to prevent obesity before people with health conditions put on weight.
I had a health check which identified risk, but there was no action plan developed with me and no follow up
I have attended meetings that ask what would help but if the services aren't available locally there doesn't seem to be any interest in trying to alter this
My GP does not have time for me
Personal experience is they brush you away too easily
Too many cuts to certain specialized counselling and services
I was given exercises to help sore knees – it really helped
One GP mentioned counselling, which helped
After breakdown GP advised I leave work and it helped
A good practice may phone and check on patients, carers, people who are recently bereaved
Importance of good rapport with health team
GP can't always help you – often get referred to something else and it takes too long
Told me I need to 'take exercise' to lose weight, sent me to the gym for 6 week session which then stopped – not long enough to make a difference
Also, I had to find my own accessible gym, which I couldn't afford after referral expired
Sent to counselling, only have 6-8 sessions, then it ends and you're back to square one
GP asked me if I had sex when asking how much exercise I do

## 4.10 Anything else you would like to add?

*“I think when talking about physical and mental health, healthcare professionals could focus less on 'walking' and more on exercising in whatever capacity you're able to, otherwise it alienates anyone who is unable to or less able to walk. The language someone uses is an important factor if you want to reach the right people.”*

I have worked for the NHS as a chef and now I'm retired due to ill health (cancer of the bowel, heart and lung problems, hip replacement, bi-polar and osteoporosis). I'm on several pills at night and all day long.
When it comes to wellbeing it is subjective to the individual who is being dealt with. One solution may not help another. Perhaps collecting individuals with similar issues or desires would be beneficial when steering people to help themselves
My GP appears uninterested to do the best for my health.
Review progress six monthly.
Blaming people for having health difficulties such as binge eating disorder is counterproductive, ignorant and abusive.
I do believe the future should be the social prescription funded by the public and educate children from a very young age on how to look after their wellbeing. Give them tools on how to manage stress. I don't see so many positive places where the teenagers can socialize and learn new skills. I think England exclude the minority from their decisions on making policies and it lacks democracy. The poor people are left behind and those who are members of vulnerable groups are used for statistic data but, not given the opportunity to live in dignity.
The local services are not very linked together - so I have been assessed lots of times - this is time wasting and often not productive - there needs to be investment made in the local community centre (and all centres) to ensure provision of somewhere to go – somewhere accessible, just for tea/ chat / possibly food to feel part of the community, make new friends and follow activities.
Awareness and acceptance would make a whole lot of difference!
I have had support from a homeopath who has helped me to make some of these changes - the NHS professionals that I have spoken to have not
I have been talking to Council's Healthy Lifestyles Team
Life is not perfect; you have to compromise

## Recommendations

- The CCG and local Council are to work together with local community groups and organisations working with disabled people to explore ways to provide an activity buddy scheme to enable people with access needs greater access to social activities and exercise/support groups to help improve overall health and wellbeing.
- The CCG are to provide community-led training to surgery staff, including GPs, healthcare professionals and reception staff, on how to effectively communicate with and support disabled people when accessing GP services, such as Disability Confident training.
- The CCG are to create a campaign with local community groups and organisations and increase their promotion of:
  - o Accessible volunteering opportunities for disabled people
  - o Low-cost holistic therapies available to compliment NHS services
  - o Affordable healthy eating options/fresh fruit and veg and how to prepare a healthy meal for people with access needs
  - o Peer support groups available to help manage long-term health conditions
  - o Promote accessible weight loss support for people with long term health conditions and limited mobility to improve health and wellbeing and prevent obesity
  - o Inclusivity in existing local activities and groups, such as adding simple statements such as “We aim to be inclusive, please contact us to discuss any access requirements you may have” (starting with It’s Local Actually)
  - o Accessible activities that disabled people want, in ways that work for them, such as swimming with additional life guard support and the option of assistance with changing
- The CCG are to actively encourage and deliver community-led training to GPs in order to provide social prescribing to patients, increasing their access to local activities, support groups, etc. in order to reduce social isolation, and enable disabled people to better self-manage their own health conditions and wellbeing.
- The CCG are to increase their messaging and raise assurance from the local NHS to disabled people that increasing physical and social activity will not mean a loss of benefits, reduction of financial support from the DWP. Many disabled people do not exercise as much or go out as much as they would like to for fear of being deemed as ‘not disabled enough’ and losing out on essential financial support.
- The CCG are promote with surgery staff and the public that people with long term health conditions, multiple health conditions and/or complex needs have the option of

booking their named or preferred GP as a priority when requested. Longer GP appointment times should also be publicised for people with long term health conditions, multiple health conditions and/or complex needs

- The local Council, CCG and GPs are to better promote to people living with long term health conditions who may need support to get out and about that they are able to access social care assessments through BHCC Access Point for an assessment of their care needs. This could lead to greater access for socially isolated disabled people to access PA support, a Direct Payments budget, and more support to help manage their long-term health conditions.

## Conclusion

The current report on Making Changes, Feeling Better highlights a perceived lack of awareness of the barriers disabled people and people with LTHCs face in maintaining healthy lifestyles, and a huge need for greater promotion of the low-cost accessible activities and support groups available for people living with long-term health conditions or impairments. This is especially the case for people who need support with weight management. Many people who have fluctuating or deteriorating health conditions, which in turn causes greater limited mobility, often find it difficult to manage their weight, as they are unable to do the things they used to be able to do. This issue could be addressed in part if GPs were able to carry out more social prescribing, with a greater understanding of the community support available for disabled people and clearer signposting routes as a result.

There was also a great fear from many disabled people that if they were seen exercising or going out and about by authorities such as the DWP (Department for Work and Pensions), that they would be deemed 'not disabled enough' and may lose out on their financial support as a result. This is a highly common barrier that prevents many disabled people from being as active as they could be in order to better manage their health condition, and we recommend that the CCG widely promote amongst the public that this isn't the case, and what accessible activities or support groups there are available to people in the city to help improve their health and wellbeing.

The recommendations made have been drawn directly from the feedback from participant responses and we are keen to maintain an ongoing dialogue with the Brighton & Hove Clinical Commissioning Group as to how these recommendations can be implemented.

## Appendix – Best Practice Research

To complement the engagement report on Making Changes, Feeling Better, we carried out research into national best practice examples and research articles on how GPs could better support people to become active participants in their own healthcare decisions.

To enhance the report findings, we also carried out research into best-practice examples of health-related behaviour change and social prescribing projects across the country to be considered alongside our recommendations.

### 1. Why is changing health-related behaviour so difficult?

Source: <https://www.sciencedirect.com/science/article/pii/S0033350616300178>

- There are six common errors made by policy makers which prevent the successful implementation of health-related behaviour change
- An extensive body of evidence on how to bring about behaviour change is ignored
- The automatic and reflective systems described in psychology and social practice theory described in sociology are particularly important new areas for developing ideas about behaviour change

“...Human behaviour is the result of the interplay between habit, automatic responses to the immediate and wider environments, conscious choice and calculation, and is located in complex social environments and cultures. Moreover the behaviours which need to be changed are sustained and nurtured by highly profitable industries selling goods which make people ill – sugar rich, energy dense fatty foods and alcoholic beverages as well, of course, as tobacco.

“Smoking, eating, drinking and the amount of physical activity people do are ingrained in people's everyday lives and their routines and habits. These things, to a very important extent, help people define who and what they are: their sense of self is in part derived from these activities.

“Behaviour takes place in social environments and efforts to change it must therefore take account of the social context and the political and economic forces which act directly on people's health regardless of any individual choices that they may make about their own conduct.

“Giving people information does not make them change. Even where people are in possession of the information, behaviour change can be very difficult. Most diets fail, not because people do not know what is supposedly good for them, but because knowledge and its rational assessment alone do not drive behaviour.”

**If we understand the nature of what motivates people and the social and economic pressures that act upon them, we are better able to support them to change.**

All this is to say that predicting behaviour and supporting behaviour change is neither obvious nor common sense. It requires careful, thoughtful science that leads to a deep understanding of the nature of what motivates people and the social and economic pressures that act upon them. If we understand these, we are better able to support them to change.

## 2. Changing Your Habits for Better Health

National Institute of Diabetes and Digestive and Kidney Diseases, USA, April 2019

<https://www.niddk.nih.gov/health-information/diet-nutrition/changing-habits-better-health>

## 3. Three ways social prescribing is being used by GPs

### 1. GP prescribed parkruns

**What is it?** GP surgeries are being encouraged to partner with local running events under an initiative launched by the Royal College of General Practitioners and parkrun UK.

**What do they say?** ‘Parkrun is a diverse, fun and free way of getting our patients up and moving about, and empowering them to make basic lifestyle changes in the best interests of their long-term health and wellbeing’ – RCGP chair Professor Helen Stokes-Lampard

**How is it working?** Dr Ollie Hart, whose medical centre helped set up Graves parkrun in Sheffield in 2012, said: ‘The close connection between our practice and our local parkrun has had the biggest health impact of anything I have done in my career.’

<https://blog.parkrun.com/uk/2017/12/04/survey-reveals-healthcare-professionals-prescribing-parkrun-to-boost-the-nations-health/>

<https://www.rcgp.org.uk/about-us/news/2018/june/parkrun-uk-teams-up-with-rcgp-to-prescribe-active-lifestyles-to-patients-and-practice-staff.aspx>

### 2. Going Local in West Sussex

**What is it?** Going Local runs out of six GPs surgeries, and is hosted by Adur and Worthing Councils in partnership with West Sussex County Council and Coastal West Sussex Clinical Commissioning Group. It began as a two-year pilot in 2016 and now has funding until September 2020.

**What do they say?** ‘The data is telling us that through the project people feel better connected, more active and able to give and keep learning. These are key elements for building resilience and wellbeing’ – Councillor Val Turner, Worthing Borough Council

**How is it working?** More than 1,000 people have been referred by their GPs for help in combating problems in their personal lives. Official evaluation shows that the project has not only helped people improve their wellbeing, but it has freed up more time for doctors to concentrate on patients with purely medical issues.

<https://www.adur-worthing.gov.uk/community-wellbeing/going-local/>

### 3. £1m investment in social prescribing in Cornwall

**What is it?** A social prescribing scheme in Cornwall being funded by the Department of Health and Cornwall Council. It enables GPs to prescribe activities like volunteering, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports.

**What do they say?** 'We have seen impressive results from introducing social prescribing into our practice. Our social prescriber can offer the time which GPs don't have to discuss with patients what matters to them, and give them the confidence and support necessary to address difficulties in their daily life or make and sustain a change in lifestyle' – GP Dr Stewart Smith

**How is it working?** 'There is a range of emerging evidence which shows that social prescribing can lead to improvements in areas such as quality of life and emotional wellbeing, mental and general wellbeing, and levels of depression and anxiety and have also led to a reduction in the use of NHS services' – Sally Hawken, portfolio holder for Children and Wellbeing & Public Health

Published Sept 24, 2018.

**Source:** <https://www.qaresearch.co.uk/three-great-examples-of-how-social-prescribing-works-in-practice/>

### 4. Reading Well Books on Prescription

Source: <https://reading-well.org.uk/about>

Reading Well Books on Prescription helps you to understand and manage your health and wellbeing using self-help reading. The books are chosen by health experts and people living with the conditions covered. People can be recommended a title by a health professional, or they can visit their local library and take a book out for free.

**Reading Well Books on Prescription evaluation 2018 found that over 2 million Reading Well titles have been borrowed from public libraries so far!**

More key findings:

- **98%** of English library authorities run a Reading Well scheme
- **95%** of users of the dementia scheme found their book helpful
- **90%** of young people would recommend their Reading Well book for support with dealing with difficult feelings and experiences
- **92%** of health professionals felt Reading Well increased the range of support they could offer and **88%** said it helped them support people outside of consultation time

## 5. Four very different ways non-drug treatments are boosting mental health

<https://www.qaresearch.co.uk/four-very-different-ways-non-drug-treatments-are-boosting-mental-health/>

Published November 9, 2018, by Qa Reasearch

### 1. An app to help teen anxiety

How do we reverse the epidemic of mental ill health among young people? One solution would be to go where all teenagers hang out – on their phones. The Black Dog Institute in Australia has developed the WeClick phone app and is about to trial it among 12 to 16-year-olds. The app “guides users through activities to build their skills, knowledge and resilience”.

### 2. Art to combat poor body image

Body dysmorphia is a mental health condition where a person spends a lot of time worrying about flaws in their appearance. An exhibition in the [Zebra One Gallery](#) in November 2018 used art to bring this often hidden problem into the open. One of the featured artists Scarlet Isherwood said she hoped the exhibition “allows people to step back and look at these things that aren’t healthy, and be able to kind of see that there’s nothing wrong with them”.

### 3. A museum trip – on prescription

From November 2018, doctors can prescribe trips to the Montreal Museum of Fine Arts to enjoy the paintings and sculptures. One of the doctors behind the Montreal initiative says a visit to the museum can benefit people with conditions from mental illness and eating disorders to diabetes and high blood pressure, as well as those in palliative care.

### 4. Tackling loneliness in the library

At the [Reading Agency](#) they are tackling loneliness through befriending scheme **Reading Friends**, run through a network of libraries. Nearly nine out of ten participants “agreed the programme had ‘increased opportunities for social contact’.” Delivered by volunteers and co-produced with older people, Reading Friends meet regularly to chat and share stories in groups or one-to-one sessions. It aims to empower, engage and connect older people who are vulnerable and isolated, people with dementia and carers.

<https://readingagency.org.uk/adults/quick-guides/reading-friends/>

## 6. The benefits of social prescribing – and a word of warning as well

Mental Health Today March 2019 - <https://www.mentalhealthtoday.co.uk/news/awareness/the-benefits-of-social-prescribing-and-a-word-of-warning>

## 7. Brighton Health and Wellbeing Centre

This GP Practice offers **Healing Expressive and Recovery Arts Project (HERA)**.

The HERA arts project at Brighton Health & Wellbeing Centre is a network of programmes using the arts and creative practices that enhance the quality of life, health and wellbeing of patients, staff and community. HERA provide access to high-quality arts activity to people. These activities are specifically designed to improve the functional health and wellbeing of participants whether they are living with physical or mental illness or a combination of both.

HERA offers:

**Narrative Workshops:** Participants are asked to read a poem or piece of text together. This is then discussed as a group before writing for 5 minutes to a prompt. This is referred to as 'writing in the shadow of a text'.

**Finding Your Compass:** This unique project combines film and dance and is conducted around a theme by Rosaria Garcia and Fiona Geilinger. These run in blocks of 6-8 weeks.

**Art Psychotherapy:** Groups for toddlers and teenagers. Individual sessions are conducted initially which lead into group work when and if the participants are ready. Some places available for adults.

**Wellbeing Gallery:** The Wellbeing Gallery exists in the spaces around the practice - the waiting areas in particular. Frequent interactive installations which encourage patients to engage in discussions around central health and wellbeing issues.

**Sing for Better Health:** This is a drop in weekly group - all welcome. They sing a wide variety of songs - no singing skills necessary! There is a huge amount of evidence that singing has a powerful effect on mental health, functional lung function and motor control.

Find out more <https://www.brightonhealthandwellbeingcentre.co.uk/healing-arts/hera>

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**For further information on the Get Involved Group at Possability People, contact:**

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