Health & Wellbeing Partnership Workshop

1st February 2012, 6.00-8.30pm, Anchor Church Centre

Session I Reviewing the Partnership

Sue Goss from OPM reported back on the feedback from the interviews OPM had conducted with a cross-section of partners. Slides for this presentation are attached.

The issues identified through the interviews as the priorities for the future work of the partnership reflected both the JSNA and the local evidence base:

- Mental illness – depression and dementia
- Mental illness for children and young people
- Social care for older people – Isolation - falls prevention
- Diabetes
- Alcohol and substance misuse
- Sexual health

There was broad agreement around these issues as a forward agenda for the partnership, and for the proposals to improve the working of the partnership.

Partners commented that the Partnership should also be alive to some cross-cutting, cross-thematic issues. For instance, the partnership needs to take a shared approach to supporting voluntary activity; and to fostering the integration of health and social care.

Partners were concerned that there was not yet any clear link with the health and well-being board (HWB), it was felt that a regular report-back would be helpful. Board members responded that it was early days, and they appreciated there was still work to do in 'wiring the two up.' The HWB itself is a partnership of participating organisations, each with its own governance. The health part of the system is going through big organisational change at present, whilst the council is going through a period of significant downsizing – this backdrop compounds the challenges. It was agreed that the HWB and Partnership need to make sure they are working together and have a shared forward work plan, aided by agendas that are joined-up.

Other comments were:

That links within social services, so that the system works properly and safely, are crucial when it comes to children and older people.

That there is not yet any unified systems approach between different professionals.

Some people in the community don't know how to use the system optimally, and that the same can be true of professionals within the system.

Most of the people who can have a real impact on CVD and health problems aren't part of the conversation, as what happens out there in communities much more important. "The

Partnership needs to build its capacity to cooperate with us". Community leaders and communities themselves need to be part of that conversation.

Three useful questions to take forward:

- How do we work effectively between the HWB and the Health and well-being partnership – what are the systems and where do they need to dovetail better?
- How do we empower and build capacity out in communities?
- What's the voluntary / community sector doing that contributes to tackling CVD?

Presentation by Houda Al-Sharifi, Director of Public Health

Some key messages:

- **Outcomes in CVD are improving in the borough**
- **And yet, the mortality rate** for CVD under 75s is much higher than the national average.
    - People in the poorest areas have six and half times more likelihood of dying early of CVD than in most affluent. This gap is getting worse
    - Geographical differences in take up of services
- **What is being done locally?**
    - A lot on prevention: tobacco control / alcohol / obesity strategies etc.
    - NHS Health checks for people over 40 with no symptoms are being called in for health check.
    - Nationwide, there is a significant amount of 'awareness of symptoms' work (e.g. Staying Alive advert)Rehabilitation and support in and out of hospital
- **CVD in primary care:**
    - Quality and Outcomes Framework (QoF)
    - Response time around strokes is good, admission rate is low
    - We have a lot of expertise in the partnership, so what we don't want to do is launching new initiatives

Information sharing on local practice

"People don't necessarily know about good services out there"

Comments that:

- if we fund a service, we have responsibility to make sure it's used

- we need to work with communities so they are willing and able to benefit from the services that exist; and these services need to be promoted and located in a way that facilitates that
- there are certain stages in life, particularly a child's life, when we have the opportunity to reach the whole population – e.g. each birth is known to health visitors, every child attends a school etc. As such we need to make the most of these opportunities to reach everyone before they disappear off our radar in later life

Other comments

- valued foundations – e.g. Careline – are being eroded, and as such it will be hard to build new things as those existing things disappearing
- there is a phenomenal amount of smoking cessation work going on, and lots of ways to access it, and yet lots of people still smoke so clearly it isn't working very well. This should be something we can look at as a partnership.
- we need to show courage and invest in something over several years – outcomes won't be seen in the short term, so we need to move away from looking to achieve quick results with four monthly reports or something
- we need to target our energy to where the greatest need is
- it is interesting the case studies are shown from the perspective of services – we need to turn it around to why someone gives up smoking, for instance, and seeing all the influences that are brought to bear on people's lives
- we need to understand why people aren't changing their behaviours – we need to understand what needs to be addressed first so that people are in the right place to look after these things and change their behaviours

Themes emerging from small group discussions based on case studies:

Importance of community groups and settings

- Value of networks in influencing people's behaviour, including faith and cultural life, work life, how people spend their leisure time etc.
- Having the services located in those settings therefore has huge potential to build capacity of individuals and communities and understanding of practitioners about how to best effect positive change in patients. One group gave a detailed example of how a mosque could be a vital source of authoritative advice on CVD, and explored ways that GPs could work with faith leaders and community groups.

Potential of reaching people through work

- Just as schools are a setting where all children can be reached, so too workplaces are settings where many (if not all) working age adults can be reached. The council and health service are themselves huge employers in the borough and need to utilise the

coverage that gives them to support their own staff to be healthier, and indeed to promote better health within their own families and social networks

- For people outside the social care and health system, work offers crucial networks and channels of communication on healthy living. Employers should be encouraged to give out positive health messages, and to take practical steps (changing the food served in canteens, creating incentives for healthy activity such as cycling to work etc.)

Value in understanding whole families

- Importance of positive messages from key family members whose opinion might make more difference than that of a professional; there can therefore be a job of communicating with these key people as well as the patient themselves

- Understanding the influence that collective family actions and lifestyles can have in habit-forming and habit-breaking. Partners felt that seeing individuals as part of a wider family network would make it easier to understand and influence their behaviour.

Need to deal with medication failure more effectively

- Too much medication is prescribed and given out but not used. Service providers should not ignore and accept this as natural attrition, but get to the bottom of why this waste occurs, what stops people from taking the medication they are given and how that can be tackled?

Importance of a 'whole system approach

- Professionals across agencies could come together to explore how their interventions interact, based on an understanding of patient or consumer pathways and the ways that service users experience their help. Understanding how health and social care interventions impact within a wider set of experiences would help to enable care and support systems to be redesigned. Opportunities for professionals to work in a more integrated way should be pursued.