Listening Event 3 May 2016 – Living Waters
Round Table Discussion

Theme One: Supporting people to stay well and independent

Question 1: Where do we need to focus our efforts and the money we spend on health and social care services to make the biggest difference to the health and wellbeing of people in the North East? What has prevented us from doing this in the past?

Table 1

- Inclusion, i.e. day centres for the elderly, this service was available and now seems to be disappeared for many areas.
- Prevention i.e. domestic science at schools, learning how to cook and other social skills.
- Social prescribing, help to think about changing your diet, ways to wellness scheme in Newcastle West helping people with long term conditions.

Table 2

- Very hard to target minority communities around smoking, alcohol, drugs. How do we address addictions which may be banned in a particular culture and therefore hidden away? What about culture changes, obesity etc in minority communities? Is it that the message is wrong or does there need to be a different approach for this kind of community? More likely the message is right but it's not being communicated in the right way to the right people. Target parents and children.
- These problems are wider spread, the same in most communities, is there a way to use the combined authority to work across a wider scale?
- Integration is an advantage. Lack of working together as a professional has been a barrier in the past.
- How can we work more closely with 3rd sector providers where people are already placed in those communities?
- How can we give people the best opportunities to succeed within their own environments? How can we focus on those communities where they might be smaller (geographically)?
- Education around healthy living styles and food preparation v take away.
- How can we maximise the assets and accessibility, and how can we bring them into communities when people cannot get to some of our local assets and introduce that to those communities?
- Dutch model of closed to car communities.

Table 3

- Most people we meet within services in the borough are very helpful and supportive, however the systems are not joined up and therefore nothing appears straight forward in that services do not work as described.
- There is a feeling of fragmentation; need to build on integration and make teams work more effectively throughout the borough. Appears that there is no defined structure – from start to finish – this needs to be clearer/transparent/a more defined joint process with a need for easier access; getting the best out of the specialist.
- The information made available regarding services and organisations needs to be

clearer and more effective so there is an understanding of what each service/organisation does.
- The idea of one key person/single point of contact to help people negotiate the system is favoured.
- Feel that money should be focussed on the self-care aspect in order for people to feel confident and comfortable in managing their own conditions whilst ensuring support is on hand.
- Complexity of the system is a challenge and therefore suggested voluntary sector involvement to help co-ordinate information, making sure people know of services already in place and how to make contact.
- There is a need to engage in legal responsibilities for example in relation to alcohol prices.

Table 4

- Promotion of prevention – education.
- Promotion of 'Better U' - stop people from becoming unwell in the first place.
- Impact of social isolation – if your part of social networks supports your wellbeing.
- Children need education – not playing enough sport, straight onto computer games.
- Fighting against generations/way of life/self-neglect. Complacent lifestyles. Need to work through it.
- Preoccupied with prescribing – magic pill.
- Concentrated on the illness instead of prevention.
- We need to concentrate on prevention.

Table 5

- Biggest challenge: becoming an elderly population – still need to be actively involved
- Implications still to be ascertained.
- Prevented from doing work in prevention: spending money for tomorrow but results take time to show/come through.
- TASK: communicate this message – generational change to be considered with clear comms needed.
- Wider bodies, eg optometrists, can help spread this message.
- Obese children: GPs have nowhere to refer children to; important to invest in early life.
- Schools show resistance in obesity work; GPs, etc looking to do more interactive work.

Question 2: How can our organisations work more closely and differently, including working more with the community and voluntary sector, to support people to stay well and independent and reduce reliance on hospital services? What are the potential barriers to achieving this?

Table 1

- Merging of services, CCG and Council for joint delivery.
- Integration – pulling together of services.
- Mix of professions – collective.

Barriers

- Saving money but consequently costs end up elsewhere - redistribution of services that are lost from council end up with NHS.

Table 2

- IT systems linking up would be a major benefit.
- Any room for education about home remedies, community support, family support with health issues. How can we identify community assets? Can we promote pharmacy use? Better promotion and awareness around things like think pharmacy first schemes. Local pharmacies may be under threats from cuts, how can we protect those as a community asset.
- Key barrier is lack of public awareness.
- When services are being designed is there an opportunity to have community led or 3rd sector led section, linking into contracts?
- Is there something about looking at families rather than whole communities, where do isolated people get community support from?
- How can we promote shared decision making and individual choice in medical treatments?

Table 4

- Canterbury reform programme may achieve this.
- Need to sell this and sell it well (healthy pathway).
- Local knowledge – directory of services out of date.
- Voluntary sector – need representations on the boards to have voice.
- How we commission third sector organisations – too much pressure – needs to be slicker commissioning.
- Closed shops – STFT, CCG, STC – working in silos – need to break the barriers / political interests.
- Volunteers working in the community – people are very socially isolated, go downhill quickly.

Table 5

- This is CCG problem/Council problem; understanding that **we** are **all** in it together
- Diagnosis needs to be done earlier.
- Common goal needed.
- Age UK model was very good – consider this in taking neca forward.
- Vol sectors: potential financial reduction.
- Barriers: knowledge on providers' part.
- Duplication in everyone's agenda.
- Community and voluntary sector: understand exactly what assets they have/provide.
- How can we learn more about what each other's organisations do?
- HealthNet: small scale it works – need to cast the net wider.
- HealthPathways need to be localised – extend to optometrists, dentists etc – feed to central contact & feed down to relevant organisations for SSS/rehab.

Theme Two: Focusing more on health, wellbeing and productivity

Question 1: Being in work and/or meaningful activities are key elements for our health and wellbeing, what do we need to do to support people to be sufficiently healthy (both mentally

and physically) for work?

Aspects to explore include:
What more can we do to enable people to be sufficiently healthy to take up work opportunities?
What more can we do to ensure that all employers value the importance and benefits of healthy workplaces and supporting their staff to improve their health, so that they stay in work, to the benefit of individuals and their organisations?

Table 1

- Morning routine for those on benefits i.e. 8.30am to sign on.
- Asking all employers that are signed up to better health at work award to ask all providers to be signed up as well.
- Sickness absence is the biggest cost; mental health of employees is important.
- Placements for adults improves confidence.
- Volunteering – making the process of volunteering easier with simpler systems to apply.

Table 2

- Access to work, assessments in the workplace, equipment. Education for employers. How do we communicate health and wellbeing to employers?
- Opening genuine opportunities after training to move into work.
- People's belief in work, work experience, apprenticeship, mentor systems, support in the work place to build confidence for people when returning to work.
- How visible are opportunities for work?
- Are possibilities reduced for people who are further away from the workplace, is there any way to have a stepped approach for those furthest away from employment? Funding issues around opportunities for people removed from a working environments. Education opportunity can also be inspirational for people looking to move into a job role.
- Needs to be an understanding that volunteering is not resource free system, need to have defined outcomes and making it a meaningful experience.
- How can we incentivise employers other than financial benefits? Awards and publicity. Emphasis on businesses playing a role in their local societies and communities. Improving reputation with communities for businesses.
- Is there more opportunity for people to work/learn from home?
- Is there a good model with Nissan? Return on investments for employer? How would smaller businesses do something like that, are there any community employer schemes?
- What other schemes can be linked in to employers? Things like the cycle to work scheme. How can't we make things like that better? How can we link into transport links to make cycling easier? How does that link into school programs?

Table 3

- There is a perception that being healthy costs money such as a gym membership; need more emphasis on other activities such as bike rides and walking.
- In terms of positive and healthy mental health, creativity and arts should be promoted.
- In order to support people to make healthier choices – link with A Better U and Job Centre Plus to help with confidence building.

- Link with some of the large employers in the North East by engaging in business forums; getting involved in Better Health Awards – ensuring that we are building on something already in place.
- We should be looking at what motivates people.
- In the work place one to one sessions are essential during which encouragement should be given to colleagues to explore self-care and for employers to recognise quick wins; using momentum to help and educate employers to promote health and wellbeing and not just make it all about productivity and meeting targets, ensuring they are aware of information, services and support in the community to pass on.
- Emphasis was expressed on the need to ensure the pathways are absolutely right.

Table 4

- Better health and safety in the workplace.
- Creating better opportunities for volunteering and paid work opportunities. Can go on CV – looks good.
- Raises self-esteem and confidence.
- Supportive workplaces translate into healthier workplaces.
- Community spirit – companies offer volunteering opportunities for people with mental health issues.
- Volunteering and identification of vulnerable people.
- Health at work – encourage workplaces to do more.
- Publicise the companies that are doing well.
- Companies that do well reduce business rates.
- Good PR – NHS health checks in the workplace.

Table 5

- Challenge that we don't need to be in perfect health.
- Shake off that "I'll be worse off if I work" mind-set.
- Presumptions about who can't work need to be dispelled – difficult for employers – seems a bit like too much hard work.
- Sick notes convey a "can't do" attitude – denying a patient one is very difficult – how do you change mind-sets of these people?
- Has to be down to individual to change behaviour/boundary.
- At GP appointment useful to have "middle person" to have conversation with patient about why they can't work.
- Time constraints on everyone.
- Need to consider other contributory factors such as housing/policing, etc – neca may need to concentrate spend on wider areas.
- Better Health At Work – financial benefits to be looked at.
- Healthy workspace is important – not just physical/visual but emotional/mental.
- Good to get opinion from large company such as NISSAN – strict sickness policy
- Focus importance on exercise.
- Mental illness still under radar – not first reason given why someone off sick.

Theme Three: Exploring opportunities to improve health and wellbeing through devolution

Question 1: How can we work with the wider devolution agenda on strengthening the regional economy, housing, training and skills so that they can play their part in efforts to

improve the health and wellbeing of people in the North East?

Table 1

- Improving skills through volunteering.
- Advertising on a North east wide basis i.e. tourism.
- Council planning of new houses consider green spaces and more council houses.
- Housing Incentives for people to work in South Tyneside.

Table 2

- Is there influence or power, for example to change the age limit on alcohol purchasing, alcohol minimum pricing.
- Will those actions improve and link to existing communities?
- How do developments conflict with health opportunities, was there a health impact assessment around the development and communities?
- How can we link into planners and developers?
- How can the people for new developments access community assets? Is it easy to walk/cycle etc? Or do they have to drive?
- Is there consultation with occupational therapy.
- Can we link skills and opportunities like construction training with the need for things like social housing?

Table 3

- The arrangement will give greater flexibility of where ST spends its money which will hopefully prove positive for the borough. Would devolution give opportunity to join together?
- The Local Authority may be best placed to take control – for example influencing alcohol licences.
- More power on what is delivered locally – eg, housing; challenging private landlords/standards/houses in poor conditions which in turn will perhaps improve housing conditions and the area resulting in a boost to the borough.
- A greater freedom to offer local people opportunities will generate spend.
- Financial arrangements – spending money on tendering processes = is this the right use of resources or could it be spent in different ways.
- More influence on training for local people looking at what skills are required and offering opportunities to local people.

Table 4

- Local focus – reform from upwards and not downwards.
- Local communities – focus on the poorer ones.
- Need to understand more about devolution.
- How do the Police fit in this?
- How do we involve other statutory services?
- Link into neighbourhood watch schemes.
- Police needs to be part of the commission e.g. like Manchester.
- Gaps in training and skills. What the local employers need and what the local people are skilled up in.

- Decent homes standard for private tenants? Impact of housing and health.
- Affordability and community assets – shops within housing estates.

Table 5

- Reps need to be present for these discussions (the stakeholders of NE economy).
- Can't just think of jobs but health as well.
- Large employers start here but difficult to keep them – often relocate to Newcastle as ST not deemed attractive.
- Some MCs train – need to increase GP training practices.

Question 2: What additional powers should be devolved to the North East and how can local organisations work better with each other and with central government to improve the health and wellbeing of our population?

Table 1

- Children's services should be more closely aligned i.e. oversee schools etc.
- Working together – more chance for bidding to be successful.
- Should learn from others what it means for places that have gone through integration.

Table 2

- Power over social housing control, rents, etc, would be advantageous.
- Signposting post-school and careers advice is poor, skills are limited, move services to the most appropriate agency.

Table 4

- Police and fire service mentioned on previous pages.
- Housing providers and high standards across all sectors.
- Clear lines of communications – into and out of central government.
- Joined up thinking within local communities.
- A strategy – e.g. enough hot food takeaways but need a fruit shop.

Table 5

- Finance – more please! Devo Manc – powers still reside in NHS London.
- Licensing powers – Public Health need to be considered, by-laws.
- Night-time economy – limited health powers. HFTAs: more legislation needed/premise definitions to be "adapted" – health needs to be objection in planning appeals/applications.

Question 3: What financial arrangements would need to underpin the shift to prevention and more community based care; supporting a place based focus and reducing spend on acute care?

Table 1

- More funding bids.
- Knowledge of what funding is out there.
- Having places to go; if they don't have anywhere to go people will go to GP's, hospitals etc.

- People taking more responsibility for their own health.
- Prevention and young people; tackling the food industry.
- Low income families and junk food; cooking.

Table 2

- Training and skills to manage funding.

Table 4

- Savings made from CCG e.g. prescriptions etc.
- Social investments.
- Pooled budgets for prevention – spend the £ where it's more wisely needed.
- Money in one pot.

Table 5

- More money to prevention (hospital services).
- Pool money in one place to reduce repetition of services.
- Streamline financial arrangements.
- Twin track needed for first couple of years.