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## **Social Wellbeing Pillar: Health Thematic Working Group (TWG):**

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### **Workshop 1, 3 June 2016**

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**Attendees:** Joanne Wallace, Wallace Consulting; Alison Patterson, Health Board; Allison Slater, Supporting People and Communities Everyday (SPACE); Andrew Black, NIFRS; Angharad Bunt, Sport NI; Ann-Marie Faulkner, Armagh Food Bank; Eamon O’Kane, Marie Curie; Fiona Teague, PHA; Geraldine Lawless, TADA Rural Support Networks; Glenda McMullan, Armagh Food Bank; Helen Clarkson, Barnardos; James Moore, Waves; Jenny Hanna, Community Development & Health Network; John McGuinness, ABC Network; Lynn Smart, Health Trust; Margaret Bell, Libraries NI; Mia Murray, Arke Sure Start; Michele Bekmez, Integrated Care Partnership; Naomi Brown, Action for Children; Patrick McAliskey, Health Kidz; Paula O’Hare, Women’s Aid; Rachael Long, NIACRO Portadown; Rosemary Murray, Barnardos; Ryan Liggett, Individual Interest; Sandra Gordon, Cancer Focus; Stephen Barry, ICP; Una Boylan, University of Third Age

**ABC Council** - Allison Beattie, Audrey McClune, Bernie Marshall, Caroline McCann, Cathy Devlin, Catriona Regan, Ciara Burke, Claire Shields, Colm Gallagher, Eileen Campbell, Eileen Maguire, Elaine Devlin, Elaine Gillespie, Elizabeth Reaney, Frances Haughey, Gerard Houlahan, Jean Dawson, Jennifer Doak (NISRA), Jill Boyd, Judith Jordan, Lisa Soye, Michelle Markey, Mike Reardon, Nuala Hamilton, Paul McCullough, Paula O’Neill, Peter McVeigh, Wanda Rea, Councillor Julie Flaherty, Councillor Ken Twyble

**Apologies:** Andrew Martin, Gillian Topping, Nuala McVeigh – ABC, Joanne McKissick - Patient & Client Council, Kathleen Grego - Start 360

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## **1. Welcome & Introduction**

Elaine Gillespie, Head of Community Planning provided an overview of the Community Planning process. Fiona Teague, Public Health Agency was introduced as Chair of the Health TWG. Mike Reardon, People Directorate, ABC Council will provide strategic direction to TWG during the process.

## **2. Baseline Statistics**

Jennifer Doak, NISRA presented key statistics relevant to the TWG. A number of areas for exploration were suggested:

- It was generally thought that the statistics should be localised (i.e. legacy Council or Super Output Area), rather than Borough-wide as there was potential for some problems to be masked;
- Additional Source: Young Life & Times Survey, Children & Young People’s Strategic Partnership statistics;
- Fuel Poverty/Housing Unfitness;
- Workplace deaths & accidents, home safety (in report - avoidable deaths includes accidents);

- Patients registered with GP in “pre-diabetic” state, children registered with Type 2 diabetes;
- Hospital admissions for drugs (in report);
- Infant mortality rates (in report);
- Information on carers, people with disabilities, BME community;
- Domestic violence;
- Employment statistics (in Competiveness, Employment, Education & Skills Report).

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**Outcome:** Jennifer will look at the relevance/availability of additional statistics. However at this stage we are looking at Borough level, rather than Neighbourhood statistics.

### **3. Identified Issues**

Joanne Wallace, Wallace Consulting led a series of group discussion and feedback sessions. A number of issues that were considered to impact on the health and wellbeing of communities were identified during these group discussions. The issues identified have been thematically grouped as follows:

#### *Ageing Population*

- Demographic changes – population increases & living longer;
- Challenges of an ageing population & projected health & social care needs;
- Dementia;
- Need to provide support at home.

#### *Unhealthy Lifestyles*

- Lack of awareness & ownership of responsibility for health & wellbeing;
- Low levels of health literacy – how to access services;
- High number of avoidable deaths;
- We are making poor lifestyle choices (e.g. eating patterns, lack of exercise, nutrition, smoking, alcohol, diabetes);
- Difficulty in reaching & motivating the inactive;
- Need to improve fundamental movement skills (especially young females);
- Obesity throughout lifespan;
- Accident prevention (e.g. farms);
- Need to change habits & adopt a long-term preventative model of healthcare.

#### *Poor Mental Health*

- High suicide rates;
- Legacy of Troubles;
- Drug and alcohol abuse;
- Self-harm;
- Domestic violence & sexual health;
- Mental health issues stigmatised or not recognised;

- Need a preventative approach – building resilience & self-esteem, targeting specific groups.

#### *Deprivation & Social Determinants*

- Poverty is a cross-cutting theme (e.g. linking to ASB, drugs & alcohol, poor quality living environment, lack of aspirations, food banks) – all affect health.

#### *Difficulties Accessing Services*

- Rurality – poor access to services leading to isolation;
- Lack of joint working & thinking (e.g. use of libraries for health promotion/service delivery);
- Difficulty in accessing mental health services – particularly young people;
- Little crossover between child & adult mental health services;
- Lack of adequate counselling services & waiting lists;
- Need for family support – impact of family separation & breakdown;
- Better resources & access to services for those with long-term health problems;
- Men’s Health – need informal initiatives to engage, lack of infrastructure, short-term schemes;
- Closure of day centres & community centres leading to difficulty in accessing services amongst older population – leading to social exclusion & isolation.

## **4. Shared Priorities**

There was a high level of consensus regarding priority areas for future collaborative working within community planning. The following agreed priorities are inter-linked:

#### *Early Intervention/Prevention over the life-course*

- Need to adopt a full life-course approach (to include pregnancy);
- Multi-agency Transformation Programme;
- Real & virtual hubs;
- Need to raise awareness & share information, using community & voluntary sector connections (non-primary care support);

#### *Improve Physical & Mental Health*

- Increase physical activity using innovative approaches;
- Increase public awareness;
- Want to be “fitter for longer” – start early;
- Promote cultural change – Healthy towns/villages (links to land-use, sensitive to how people live);
- Health Champion role models in the community;
- Build resilience, self-esteem & coping;
- Focus on improving quality of life;
- Improve access to quality mental health services.

### *Address Health Inequalities*

- Reduce target health inequality gaps;
- Target neighbourhoods & specific groups (i.e. males, young people, BME);
- Link with Environmental & Economic Wellbeing Pillars.

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**Outcome:** TWG members agreed Early Intervention/Prevention, Mental Health & Wellbeing and Reducing Health Inequalities as shared priorities.

## **5. Long-term Outcomes**

Based upon the agreed priorities, TWG members discussed potential long-term goals (10-15 years) for the community plan. These have been developed as follows for discussion at Workshop 2 (see Table overleaf).

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**Outcome:** TWG members to discuss & agree LT outcomes at Workshop 2. Joanne Wallace to draft Short- & Medium-Term outcomes based on existing information for discussion at Workshop 2.

Need	Priority	Long-term Outcome
<ul style="list-style-type: none"> <li>• Lack of awareness &amp; ownership of responsibility for health &amp; wellbeing;</li> <li>• Low levels of health literacy – how to access services;</li> <li>• High number of avoidable deaths;</li> <li>• We are making poor lifestyle choices (e.g. eating patterns, lack of exercise, nutrition, smoking, alcohol, diabetes);</li> <li>• Difficulty in reaching &amp; motivating the inactive;</li> <li>• Need to improve fundamental movement skills (especially young females);</li> <li>• Obesity throughout lifespan;</li> <li>• Accident prevention (e.g. farms);</li> <li>• Need to change habits &amp; adopt a long-term preventative model of healthcare.</li> </ul>	<p><i>Early Intervention/Prevention to –</i></p> <p><i>Improve Physical Health:</i></p> <ul style="list-style-type: none"> <li>• Increase physical activity using innovative approaches;</li> <li>• Increase public awareness;</li> <li>• Want to be “fitter for longer;”</li> <li>• Promote cultural change – Healthy towns/villages (links to land-use, sensitive to how people live);</li> <li>• Health Champion role models in the community.</li> </ul>	<p>Residents are educated &amp; empowered to make positive lifestyle choices that contribute to their physical &amp; mental health throughout their life-time</p>
<ul style="list-style-type: none"> <li>• High suicide rates;</li> <li>• Legacy of Troubles;</li> <li>• Drug and alcohol abuse;</li> <li>• Self-harm;</li> <li>• Domestic violence &amp; sexual health;</li> <li>• Mental health issues stigmatised or not recognised;</li> <li>• Need a preventative approach – building resilience &amp; self-esteem, targeting specific groups.</li> </ul>	<p><i>Improve Mental Health:</i></p> <ul style="list-style-type: none"> <li>• Build resilience, self-esteem &amp; coping;</li> <li>• Focus on improving quality of life;</li> <li>• Improve access to quality mental health services.</li> </ul>	<p>The most vulnerable are better equipped to cope with life’s challenges &amp; to maintain their mental wellbeing</p>
<ul style="list-style-type: none"> <li>• Poverty is a cross-cutting theme (e.g. linking to ASB, drugs &amp; alcohol, poor quality living environment, lack of aspirations, food banks) – all affect health.</li> </ul>	<p><i>Address Health Inequalities</i></p> <ul style="list-style-type: none"> <li>• Reduce target health inequality gaps;</li> <li>• Target neighbourhoods &amp; specific groups (i.e. males, females, young people, BME);</li> <li>• Link with Environmental &amp; Economic Wellbeing Pillars.</li> </ul>	<p>There are no socially constructed health disparities</p>

## 6. Thematic Vision

TWG members developed a long-term vision, to be achieved under the Social Wellbeing Pillar. These suggestions have been integrated into the following statement, for discussion at Workshop 2:

*“Residents are equipped and supported to achieve the longest, healthiest & most fulfilling life possible.”*

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**Outcome:** TWG members to discuss & agree Thematic Vision at Workshop 2.

## 7. Parked Issues

The following issues were also identified by the TWG members and will be explored at subsequent Health TWG sessions and/or under related Economic, Environmental and Social Wellbeing TWGs.

- Impact of social & environmental determinants of health (i.e. geography, poverty, educational attainment, economics, housing, poor transport networks/infrastructure);
- Need a settings-based approach to health promotion using multi-disciplinary methods which integrate community participation, partnership, empowerment and equity;
- Need better information & communication about existing services (mapping) – use social media, simplify key messages;
- Need to strengthen & build capacity of groups – provide education & training to ensure sustainability, improve communication skills, male role models, improve access to support systems (e.g. help people with disabilities/mental health problems to stay in work);
- Need to adopt an asset based approach (rather than deficit model) using facilities, services & resources. We must recognise & build on the community & voluntary sector’s knowledge, expertise and skills in delivering services & support to improve health & wellbeing;
- Cited Good Practice:
  - Antrim & Newtownabbey Council – community asset approach;
  - Ageing population & health – Japanese model, Ageing Well Partnership, Council, Public Health Agency – requires package of care to include social aspects;
  - Intergenerational role models (Buddies) - good practice model operating in Keady & Belfast;
  - Princes Trust good practice model;
  - Potential to develop health & wellbeing Champions;
  - Safe Space Initiative – Women’s Aid, Barnardos, Libraries, HSCT;
  - Portadown Health Centre – model of good practice where services are co-located under the same roof, removes stigma & achieves increased referral rates.
- Potential target groups:
  - Those identified to be at risk (e.g. BME community, older people, young people, carers, people with disabilities/learning disabilities, rural dwellers, females, males, unemployed/economically disadvantaged, young people in care);

- Those who could be enablers (e.g. employers, schools, public sector, community & voluntary sector).

## **8. Next Steps**

The remaining Workshops are scheduled as follows:

- The 2<sup>nd</sup> Workshop will be on Wednesday 29 June, 2016: 10:30-4:30pm (venue Armagh City Hotel)
- The 3<sup>rd</sup> Workshop will be on Tuesday 9 August, 2016: 9:30-1pm (venue Lakeview 2, Craigavon Civic Centre)

Workshop 2 will focus on:

- Revisions to draft Outcomes & Vision;
- Developing Short- and Medium-term outcomes;
- Identifying strengths/weaknesses;
- Actions & targeting.