Social Wellbeing Pillar: Health & Wellbeing

Thematic Working Group (TWG): Workshop 2, 29 June 2016

Attendees: Joanne Wallace, Wallace Consulting; Allison Slater, Supporting People and Communities Everyday (SPACE); Andrew Martin, BARN; Ciara Doris, Start 360; Dr David Rogers, ICP; Diarmaid McAuley, Macmillan; Diane Walker, Marie Curie; Eileen Murphy, Women's Aid; Eleanor Pierce, U3A; Evelyn Hanna, Libraries NI; Geraldine Lawless, TADA Rural Support Networks; Glenda McMullan, Armagh Food Bank; Jenny Hanna, Community Development & Health Network; John McGuiness, ABC Network; Lisa Stone, Tinylife; Mia Murray, Arke Sure Start; Michael McKenna, Youth Action; Michele Bekmez, Integrated Care Partnership (HSCB); Naomi Brown , Action for Children; Rosemary Murray, Barnardo's; Sandra Gordon, Cancer Focus; Stephanie Thompson, CYPSP; Stephen Barry, ICP; Sylvia Irwin, Health Board; Thomas Montgomery, Armagh Food Bank; Gerard Rocks, Southern Trust; Fiona Teague, PHA; Angharad Bunt, Sport NI.

ABC Representation: Bernie Marshall, Caroline McCann, Cathy Devlin, Catriona Regan, Eileen Campbell, Elaine Devlin, Elaine Gillespie, Frances Haughey, Gerard Houlahan, Gillian Topping, James Moore, Jean Dawson, Jennifer Doak, Lisa Soye, Louise Lavery, Mike Reardon, Peter McVeigh, Ryan Flynn, Wanda Rea, Cllr Marie Cairns, Cllr Gemma McKenna, Cllr Julie Flaherty

Apologies: Ann-Marie Faulkner, Armagh Food Bank; Catherine Murnin, Parkinson's UK Northern Ireland; Diane Ewart, TADA Rural Support Networks; Diane Glasgow, Early Years; Eamon O'Kane, Marie Curie; J McCorry, Red Cross; Joanne McKissick, Patient and Client Council; Kathleen Grego, Start 360; Lily Clifford, ABC Sports Forum; Michelle McMaster, Hearing Link; Michelle Moult, Carers Trust; Paul Morgan, Health Trust; Rachael Long, NIACRO Portadown; Richard Thompson, Armagh Food Bank; Ryan Liggett, Public Interest; Sheelin McKeagney, McKeagneys Pharmacy; Sherene Reynolds, Start 360; Alison Patterson, Health Board; Una Boylan, U3A; ABC Representatives - Alison Beattie; Ciara Burke; Claire Shields; Colm Gallagher; Eileen Maguire; Jill Boyd; Judith Jordan; Michelle Markey; Nuala McVeigh; Cllr Fergal Lennon

1.   Welcome & Introduction

Fiona Teague, Public Health Agency welcomed members as Chair of the Health & Wellbeing TWG.

2.   Baseline Statistics

Jennifer Doak, NISRA updated the baseline report as per Workshop 1 requests:

- Statistics on minority ethnic populations living in the Borough;
- Unpaid care provision;
- Percentage of the population with a disability;
- Proportion of population with undiagnosed diabetes;
- Infant mortality rate;

- Infant death rate.

Outcome: TWG members agreed that the draft baseline report reflected the current situation. Additional statistics on diabetes to be forwarded to Jennifer by TWG member & Jennifer to provide breakdown of unpaid care givers by age.

3.   Workshop 1 Report

Joanne Wallace, Wallace Consulting provided a recap of the issues and priorities agreed at the previous session. The three inter-linked priorities were:

- Early Intervention/Prevention to Improve Physical Health & Wellbeing;
- Early Intervention/Prevention to Improve Mental Health & Wellbeing; and
- Addressing Health Inequalities.

The "Early Intervention/Prevention to Improve Mental Health & Wellbeing" priority has been reworded to *"Early Intervention/Prevention to Improve Emotional Wellbeing."*

There was a request to include poor transport infrastructure as an issue in Report 1 (included in Report 1, Section 7 as it overlaps with other TWGs & Environmental Pillar) and to reflect the positive contribution of the community & voluntary sector's knowledge, expertise and skills to health & wellbeing (now inserted in Report 1, Section 7).

Long-term outcomes for each priority were presented based upon the outputs of Workshop 1 & revisions were made as follows:

Priority	Draft Long-term Outcome	Revised Long-term Outcome
Early Intervention/ Prevention to Improve Physical Health & Wellbeing	Residents make positive lifestyle choices that enhance physical health & wellbeing throughout their life-time & potentially increase their healthy life expectancy	Residents are equipped, empowered & supported to make positive lifestyle choices & improve their healthy life expectancy.
Early Intervention/ Prevention to Improve Emotional Wellbeing	Residents, to include the most vulnerable, are better equipped to cope with life's challenges & to enhance & maintain their mental wellbeing	All residents are more resilient & better equipped & supported to cope with life's challenges.
Address Health Inequalities	There are no socially, economically or environmentally constructed health disparities	Health inequalities are reduced.

Some members suggested amalgamating the Physical Health and Emotional Wellbeing priorities. A strong consensus wasn't reached on this (Two Tables supported amalgamation & three were against). However, when compiling the Action Tables (Section 6) the activities proposed under the two strands were similar. Therefore, Sections 4 & 6 of this report present a combined format for comment at Workshop 3.

The Vision, based upon Making Life Better Strategy and member proposals at Workshop 1 was agreed as:

"Residents are equipped and supported to achieve the longest, healthiest & most fulfilling life possible."[1]

Outcome: Agreed amendments made to Report 1. TWG to discuss the combination of Physical Health & Emotional Wellbeing into one priority, with related outcomes & actions at Workshop 3.

4.   Short- and Medium-Term Outcomes

Joanne presented draft short- and medium-term outcomes. The following suggestions have been drafted on the basis of the discussions (see Table 4.1).

Outcome: TWG members to discuss & agree proposed Short-, Medium- & Long-term outcomes at Workshop 3.

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[1] The following rewording was suggested: *"Residents are equipped and supported to achieve a long, healthy & fulfilling life."[1]* However, due to underlying physical health issues, this may not be possible for some members of the population.

Table 4.1   Priorities & Outcomes

Priority	Short-term (0-5 years)	Medium-term (6-9 years)	Long-term (10-15 years)
Early Intervention/ Prevention to Improve Physical Health & Emotional Wellbeing	There is a greater understanding of the benefits of adopting healthy lifestyle choices to protect & improve physical health.	Residents are better engaged, motivated & supported to take ownership of their physical health & wellbeing, leading to positive changes in attitudes & behaviour.	Residents are equipped, empowered & supported to make positive lifestyle choices & improve their healthy life expectancy.
	The stigma surrounding mental illness is reduced & residents understand the importance of achieving emotional wellbeing & positive mental health throughout life.	Residents are more responsive to their emotional wellbeing, are better equipped to manage & express their emotions & benefit from more accessible services & support.	All residents are more resilient & better equipped & supported to cope with life's challenges.
Address Health Inequalities	Partnership approaches centred on community knowledge, skills & resources lead to better understanding, prioritisation & solutions to improve the health outcomes of those at greatest risk.	Responsive, joined-up services & support positively impacts upon the health of disadvantaged populations.	Health inequalities are reduced.

5.   SWOT Analysis

Eileen Campbell & Gerard Houlahan, ABC Borough Council provided a snapshot of partner activities relevant to the priorities. Members conducted a SWOT analysis on each priority to inform action planning.

Table 5.1: PHYSICAL HEALTH	
STRENGTHS	**WEAKNESSES**
- Good leisure facilities & open spaces across ABC; - Lots of targeted activities already in place & achieving high participation levels (e.g. Couch to 5k, sustainable communities) – expand these; - Health service is well resourced & managed; - Growing ageing population – good variety of interventions across the lifespan; - Services, skills & expertise in community, voluntary & statutory sectors; - Good statistics available to help direct activities; - Strong partnerships already exist across sectors (needs to be expanded as stronger in some areas than others)	- Comparatively fewer facilities & poor transport networks in some rural areas; - Poor communication on how to get involved (varying social media use); - Lack of awareness of the services & support that exists; - Poor dissemination of good practice & lack of understanding of why some initiatives have made little impact; - Difficulty in reaching those in most need – getting the right messages out; - Barriers around affordability & "Elitism"; - Local assets not used, poor signage; - Programmes are too short & there's a lack of emphasis on sustainability - need holistic approach for long-term change; - Emphasis on specific areas & groups - some people/areas are left out (e.g. people with learning disabilities); - Need change of culture & attitudes towards people with disabilities; - Duplication of services in some areas
OPPORTUNITIES	**THREATS**
- New leisure centre in Craigavon; - Develop more Greenways; - Expansion of rural community transport; - Social media use (e.g. apps to motivate); - Promote through community/health services (e.g. churches, GP surgeries); - Creation of central contacts database for information dissemination; - Bespoke targeting/programming (i.e. disadvantage, disabilities); - Better use of funding & efforts to fill gaps through community planning; - Innovative use of small grant funding; - Adopt a social model of health & related initiatives.	- Short-term funding & concerns around loss of EU funding through Brexit; - Decreased physical education levels in schools; - Lack of street lighting & safety issues – walking & cycling safety; - Due to uncertainty, community groups tend to be competitive, rather than collaborative regarding funding & referrals; - Not using the evidence base to target/develop programmes

Table 5.2: EMOTIONAL WELLBEING

STRENGTHS	WEAKNESSES
- Good models to build on & expand; - Targeted approaches to protection; - Recognition of importance of mental health & wellbeing in Programme for Government; - Skilled staff; - Known brands such as Samaritans, Childline etc.	- Lack of understanding about mental health & early intervention – more emphasis on physical health; - Services are under-resourced with shortages of professionals, limited referral access (e.g. Counselling) & inequality depending on where you live; - Inflexible service contracts; - Lack of understanding of importance of protecting children's mental health & wellbeing (& children with disabilities); - Stigma around mental health means some voices are hidden & issues not adequately resourced (e.g. re-integration of victims of domestic violence); - Need to fully understand the statistics; - Can't separate physical & mental health; - Poor service promotion & support to improve access (e.g. minority ethnic communities); - Agencies & community & voluntary sectors aren't connected enough; - Overlap/duplication of services
OPPORTUNITIES	**THREATS**
- Topic is now being discussed – adopt a more open approach; - Develop self-help & alternative routes; - Interaction with spirituality, feeling valued & loved, participation & volunteering in local communities; - Develop client-focused, specialist programmes; - Improve partnership working through community planning – multi-disciplinary team using best practice; - Community development model to build capacity & involve service users in co-design & production of services Better utilisation of community knowledge & resources (Community Health Champion, Peer Support).	- Stigma, shame & guilt – easier to take a pill than emotional support; - Building expectations that's aren't realised; - Loss of humanity – sense of belonging, social contact - Reluctance to be innovative; - Partnerships that are forged too quickly (e.g. for funding) & aren't given time/resources to reach potential; - Elitism of statutory agencies with regards to service delivery, capacity, impact & knowledge (& how this impacts on C&V sector effectiveness); - Short-term funding environment but long-term process; - Outcomes-based approach may lead to simplification & missed targeted

Table 5.3: ADDRESS HEALTH INEQUALITIES

STRENGTHS	WEAKNESSES
- Recognition that there are inequalities; - NHS – free services; - Strong stable communities & active community & voluntary sector; - Well-defined & good statistical evidence; - High levels of investment (e.g. via DSD); - Only one Health & Social Care Trust in Borough; - Range of programmes in place (e.g. Knit & Natter in libraries, Men's Sheds, Noisy Libraries), targeting disadvantaged groups/areas as well as wider population (e.g. men, people with disabilities, older people); - Increased awareness & focus on inequalities through Neighbourhood Renewal, Investing for Health & Making Life Better	- Poor dissemination & targeting - need to understand the stories behind the statistics; - Changing & mixed messages; - Men's health needs more resources; - Lot of services but people aren't always aware of where to go for help– need reviewed & improve take-up; - Difficulties talking about health; - Potentially too much emphasis upon geographical disadvantage – others can fall through the net; - Lack of role models, vision & aspirations (particularly young people); - Culture of "taking" rather than contribution; - Language barriers (e.g. written & oral, sign-language); - Poor transport networks & access to services; - Lack of knowledge about what is going on, therefore can't signpost
OPPORTUNITIES	**THREATS**
- Adopt asset based approach (e.g. community centres, leisure services, partnerships); - Strong youth sector; - To use collaboration through community planning to use resources more effectively – shared vision; - Ensure funding for transport for older people, rural dwellers; - Learn from good practice initiatives (not necessary aimed at disadvantage), go to where the lonely are – what can we provide?; - Develop "Compassionate Communities" – empowering people to help their neighbours & engage with hardest to reach; - Build community capacity to meet basic needs & then look at health improvement	- Short-term & reduced funding (& posts), only available within specific geographical boundaries; - Long-waiting lists; - Brexit; - High cost of service delivery; - Competing priorities - economic issues are more pressing to people than "health"; - Disjointed working (& Government); - Increased migration & poor follow-up; - Affordability, physical access, connectivity & safety issues

6. Proposed Actions & Indicators

Members discussed potential actions for each priority. These are presented on the following pages and are mapped to the Making Life Better Strategy under:

- **Theme 2 Equipped Throughout Life**: Outcomes 4 (Ready for Adult Life) & 6 (Healthy Active Ageing);
- **Theme 3 Empowering Healthy Living**: Outcome 7 (Improved Health & Reduction in Harm), 8 (Improved Mental Health & Wellbeing & Reduction in Self-harm & Suicide), 9 (People are Better Informed about Health Matters) & 10 (Prevention Embedded in Services);
- **Theme 6 Developing Collaboration**: Outcome 17 (A Strategic Approach to Public Health) & 18 (Strengthening Collaboration for Health & Wellbeing).

Outcome: TWG members to discuss & agree proposed activity tables at Workshop 3.

Table 6.1: Early Intervention/Prevention to Improve Physical Health & Emotional Wellbeing		
Proposed Actions	**Detail**	**Outcomes**
1 Establish a Regional Information Point & Strategic Response	• Engage relevant stakeholders & establish a central point for collection & collation of information on services, create an information maintenance, sharing & dissemination protocol; • Map assets, services & potential gaps impacting on physical & mental wellbeing; • Develop Emotional Resilience Strategy to include Protect Life (Suicide Prevention) Strategy; • Develop an overarching & collaborative ABC Age Friendly Strategy; • Develop clear pathways to services & health improvement opportunities.	*Short-term* • There is a greater understanding of the benefits of adopting healthy lifestyle choices to protect & improve physical health; • The stigma surrounding mental illness is reduced & residents understand the importance of achieving emotional wellbeing & positive mental health throughout life; *Medium-term* • Residents are better engaged, motivated & supported to take ownership of their physical health & wellbeing, leading to positive changes in attitudes & behaviour; • Residents are more responsive to their emotional wellbeing, are better equipped to manage & express their emotions & benefit from more accessible services & support; *Long-term* • Residents are equipped, empowered & supported to make positive lifestyle choices &
2 Improve messaging & relevance	• Adopt a holistic life-course approach - increase public awareness, simplify messages & forge links with regional campaigns (e.g. emphasis on 5 ways to wellbeing, "Take 5", being healthier for longer); • Use social marketing techniques more effectively for health promotion; • Need to remove stigma associated with poor mental health - focus on improving quality of life & emotional wellbeing, building resilience, self-esteem & coping	
3 Develop collaborative initiatives to improve access & sustainability	• Create Information Hubs; • Educate GPs, Nurses, Pharmacists, Midwives, Health Visitors (via SALT group); • Multi-sectoral partnerships to effectively signpost, target, motivate & support sustained attitudinal & behavioural change; • Be innovative – use community centred approaches which maximise available facilities, natural assets & resources (e.g. promote cultural change through Healthy Towns/Villages - Toome model, Antrim & Newtownabbey Council Asset-Based model, Ageing Well, Compassionate Communities Charter); • Develop the skill base - build community capacity, expertise & reach via Community Health Champions, integrated volunteer & peer support, positive male role models, intergenerational "buddies" model operating in Keady & Belfast, Prince's Trust Health & Social Care training/employment programme,	

| | | more Mental Health First Aid, re-education of front-line workers on emotional resilience/spirituality, Roots of Empathy, St Paul's Lads & Dads model;
• Review, promote & expand models of good practice – particularly targeting those in most need (e.g. extend Community Hub concept for different groups such as older people, "Talking Therapy" Hub, male specific groups looking at all aspects of life/masculinity);
• Work to remove stigma & improve access to mental health services through co-location of services (e.g. Portadown Health Centre);
• Build stronger relationships with schools to improve and increase delivery of physical activity (fundamental movement skills) & integration of resilience & coping within curriculum. | improve their healthy life expectancy;
• All residents are more resilient & better equipped & supported to cope with life's challenges. |

Potential Indicators

Decreased:
- Potentially Avoidable Deaths;
- Inactive (<30 mins per week);
- Current smokers;
- Adults overweight & obese;
- Cancer, circulatory & respiratory related deaths;
- Prescription rates mood & anxiety disorders.

Increased:
- Personal Wellbeing;
- Physical Activity (150 mins+ per week);
- Healthy Life Expectancy

Table 6.2: Address Health Inequalities			
Proposed Actions		**Detail**	**Outcomes**
1	Agree priority issues	- Facilitate stakeholder engagement; - Collaboratively agree priority health inequalities & target groups based on statistical evidence (Community Champions are collating health & wellbeing data); - Ensure hidden voices are heard (e.g. carers, young mothers, victims of domestic violence, those affected by stigma); - Map existing services, resources & pathways for target groups; - Identify barriers to positive health & wellbeing outcomes.	- Partnership approaches centred on community knowledge, skills & resources lead to better understanding, prioritisation & solutions to improve the health outcomes of those at greatest risk; - Responsive, joined-up services & support positively impacts upon the health of disadvantaged populations; - Health inequalities are reduced.
2	Multi-agency Transformation Programme to Reduce Health Inequalities	- Improve signposting (link to Table 6.1, Action 1); - Understand & respond to impact of social, economic & environmental determinants of health (i.e. geography, poverty, educational attainment, economics, housing, transport connections); - Link to initiatives such as Foodbanks to proactively increase reach; - Be creative & adopt best practice interventions that use community assets (& community influencers) to positively impact health outcomes (e.g. Safe Space Initiative – Women's Aid, Barnardos, Libraries, HSCT); - Change the way we think about service provision – move towards wrap-around services that are more person-centred - collaborative individualised plans of care with social supports (e.g. Ageing Well Partnership, Council, Public Health Agency); - Services must be responsive to rural & "out of hours" need (reluctance to "hand-over") – create real & virtual hubs;	
Potential Indicators			
Based on largest inequality gaps - - Decrease in Std. Admission Rates for drugs, self-harm, alcohol; Teenage Birth Rate; Crude Suicide Rates; - Increase in Male Life expectancy & Female life Expectancy in top 20% most deprived areas			

7. Potential Beneficiaries & Partners

The following were identified:

Target Beneficiaries	Potential Partners
- Adopt Universal Proportionalism Approach - Whole population, families, parents, communities, workforce; - BMI 25+; 30-55 years; - Those diagnosed with chronic conditions; - People reaching end of life; - Those identified to be at greatest risk on agreed indicators (e.g. BME/Traveller community, older people, young people, carers, people with disabilities/autism spectrum disorder/learning disabilities, rural dwellers, females, males, unemployed/economically disadvantaged, young people in care, isolated, families experiencing trauma, LGBT).	- Education providers & youth workers; - Community & voluntary sector (e.g. Volunteer Now, Carers NI, disability groups, residents groups, neighbourhood renewal partnerships); - Sports & leisure providers; - Healthy Living Centres & Libraries; - Employers; - PHA, Council, SHSCT, Health Board, NIHE; - GPs, Pharmacists (SALT group); - Residential care homes; - Antenatal/early years/children & adolescent service providers; - Faith-based groups

8. Parked Issues

Issues identified in Workshop 1 have been incorporated into the Activity Tables under each priority.

9. Next Steps

The 3rd Workshop will be on Tuesday 9 August, 2016: 9:30-1pm at Craigavon Civic Centre.

Workshop 3 will focus on:

- Revisions/refinements to draft Activity Tables;
- Identification of Potential Lead Partners;
- Complementarity with other Pillars & TWGs;
- Links to Cross-cutting themes.