Social Wellbeing Pillar: Health & Wellbeing

Thematic Working Group (TWG): Workshop 3, 9 August 2016

Attendees: Joanne Wallace- Wallace Consulting, Alison Patterson- Health Board, Allison Slater- SPACE, Angharad Bunt- Sport NI, Bernadette McNeice- St Vincent De Paul, Betty Devlin- St Vincent De Paul, Brendan McCann- TADA, Ciara Doris- Start 360, Colin Loughran- Action Mental Health, Diane Glasgow- Early Years, Donna Haughian- Health Trust, Evelyn Hanna- Libraries NI, Fiona Teague- PHA, Gerard Rocks- Health Trust, Glenda McMullan- Armagh Food Bank, Joan McEwan- Marie Curie, John McGuinness- ABC Network, Lisa Stone- Tiny Life, Maresa McGettigan- Cancer Focus, Mia Murray- Arke Sure Start, Michael McKenna- Youth Action, Michele Bekmez- Integrated Care Partnership, Naomi Brown- Action for Children, Rosemary Murray- Barnardos, Ryan Liggett, Sheelin McKeagney- McKeagneys Pharmacy, Sherene Reynolds- Start 360, Stella Cunningham- Waringstown Community Development Association, Stephanie Thompson- CYPSP, Thomas Montgomery- Armagh Food Bank

ABC Council: Audrey McClune, Bernie Marshall, Caroline McCann, Cathy Devlin, Catriona Regan, Ciara Burke, Eileen Campbell, Eileen Maguire, Elaine Devlin, Elaine Gillespie, Frances Haughey, Gerard Houlahan, Gillian Topping, James Moore, Jean Dawson, Judith Jordan, Lisa Soye, Louise Lavery, Mary Hanna, Michelle Markey, Paula O'Neill, Ryan Flynn, Tara Love, Councillor Maire Cairns, Councillor Julie Flaherty

Apologies: Kim Aiken- Libraries NI, Sylvia Irwin- Health Board, Anthony Soares- Centre for Cross Border Studies, Diane Walker- Marie Curie, Eamon O'Kane- Marie Curie, Eileen Sweeney- Carers Trust, Geraldine Lawless- TADA Rural Support Networks, Jenny Hanna- Community Development & Health Network, Joanne McKissick- Patient and Client Council, Michelle McMaster- Hearing Link, Michelle Moult- Carers Trust, Rachael Long- NIACRO Portadown, Sandra Gordon- Cancer Focus, ABC Council: Alison Beattie, Colm Gallagher, Jennifer Doak, Mike Reardon, Peter McVeigh, Wanda Rea

1. Welcome & Introduction

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

2. Workshop 2 Report

The Vision, based upon member proposals is:

""Everyone is equipped and supported to achieve the longest, healthiest & most fulfilling life possible."

Joanne Wallace, Wallace Consulting provided a recap of the draft outcomes & actions discussed at the previous session, as per the inter-linked priorities of:

- Early Intervention/Prevention to improve physical, mental and emotional health & wellbeing; and
- Addressing Health Inequalities.

Joanne explained the rationale for amalgamating the physical, mental and emotional health & wellbeing priorities, based upon PHA guidance. Please note that guidance around the terminology used was sought from PHA and this is reflected in this document.

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3. Short- Medium- & Long-Term Outcomes & Actions

Joanne presented draft short- and medium-term outcomes & actions for discussion by members. The following Tables were updated on the basis of the discussions (see Table 3.1, 3.2 & 3.3).

Members were keen to stress that outcomes & activities, should not be perceived as linear and that there will be fluidity depending on target groups and opportunities.

Outcome: Information updated to reflect TWG members combined comments.

Table 3.1: Early Intervention/Prevention to Improve Physical, Mental & Emotional Health & Wellbeing			
Proposed Actions		Detail	Outcomes
1	Establish a Shared Information Point & Strategic Responses	• Map assets, services & potential gaps impacting on physical & mental wellbeing – link to PfG & Making Life Better Strategy; • Engage relevant stakeholders & establish a central point for collection & collation of information on services, create an information maintenance, sharing & dissemination protocol, must be up to date; • Develop Mental Health & 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* • People have a greater understanding of the benefits of adopting healthy lifestyle choices to protect, manage & improve physical health; • People are comfortable taking about mental health openly and understands the importance of achieving emotional wellbeing & positive mental health throughout their life-time; *Medium-term* • People are better engaged, motivated & supported to take ownership of their physical health & wellbeing, leading to positive changes in attitudes & behaviour; • People are more responsive to their own and other's mental health & are better equipped to manage & express emotions & benefit from accessible services & support; *Long-term* • People are equipped, empowered & enabled to make positive
2	Improve messaging & relevance	• Adopt a holistic life-course approach - increase public awareness, simplify messages & forge links with regional campaigns; • Use social marketing & social media techniques more effectively for health promotion & improving health literacy; • Need to remove stigma associated with mental health - focus on improving quality of life & emotional wellbeing, building resilience from early years, self-esteem & coping; • Remove stigma around death & dying, alongside promotion of supportive networks	
3	Develop collaborative initiatives around prevention, service accessibility & sustainability	• Create Information Hubs (virtual or locality based); • Raise awareness amongst GPs, Nurses, Pharmacists, Midwives, Health Visitors (potentially via SALT group); • Multi-sectoral partnerships to effectively signpost, target, motivate & support sustained attitudinal & behavioural change; • Establish sufficient emergency responses for crisis situations – direct to service referrals not just access through GP (cut out red tape); • Be innovative – use community centred approaches which maximise available facilities, natural assets & resources (e.g. promote cultural change	

		through Healthy Towns/Villages, Asset-Based models, Compassionate City Charter, early years & schools); • Develop the skill base, expanding & developing existing good practice to break down barriers - build community capacity, expertise & reach via Community Health Champions, integrated volunteer & peer support, positive male role models, intergenerational "buddies" model, more Mental Health First Aid, re-education of front-line workers on emotional resilience/spirituality, education on self-management of existing conditions – work with relevant groups to support people to access services and overcome real & perceived barriers; • 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; • Build stronger relationships with schools to improve and increase delivery of physical activity (fundamental movement skills) & integration of resilience & coping within curriculum.	lifestyle choices & improve their quality of life; • People are more resilient, better equipped & enabled to cope with life's challenges.

Beneficiary Examples	Partner Examples	Indicators Examples (align to PfG)
• Adopt Universal Proportionalism Approach - Whole population, families, parents (& potential parents), communities, workforce; • 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, infants, children & young people, carers (to include young 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).	• Service users, Education & youth providers; • Community & voluntary sector to include S75 representation, faith-based groups; • Sports & leisure providers; • Healthy Living Centres & Libraries; • Employers/business; • PHA, Council, SHSCT, Health Board, NIHE; • GPs, Pharmacists (potentially via SALT group); • Residential care homes; • Antenatal/preschool & early years/children & adolescent service providers, Sure Start, CYPSP; • PCSP	Decreased: • Potentially Avoidable Deaths; • Inactive (<30 mins per week); • Current smokers/e-cigarette users; • Adults overweight & obese; • Cancer, circulatory & respiratory related deaths; • Prescription rates mood/anxiety • Increased: Personal Wellbeing (WEMWBS); • Physical Activity (150 mins+ per week); • Healthy Life Expectancy

Table 3.2: Address Health Inequalities			
Proposed Actions		**Detail**	**Outcomes**
1	Agree response to evidenced priority issues	• Facilitate stakeholder engagement; • Ensure hidden voices are heard (e.g. carers, young mothers, victims of domestic violence, those affected by stigma); • Map existing services, resources & referral pathways for target groups; • Identify barriers to positive health & wellbeing outcomes; • Collaboratively agree responses to priority health inequalities & target groups based on statistical evidence (Community Champions are collating health & wellbeing data), Programme for Government/Making Life Better Strategy, local knowledge, existing partnerships & gap/barrier identification	• Collaborative approaches centred on community knowledge, skills & resources lead to better understanding, prioritisation & solutions to improve the health outcomes of disadvantaged populations; • Responsive, joined-up services & support systems are embedded within communities, positively impacting upon health and quality of life; • Health inequalities are reduced.
2	Multi-agency Systemic Approach to Reduce Health Inequalities	• Jointly acknowledge, understand & provide an integrated response to the 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; • Creative & best practice interventions that use community resources, facilities & assets (& community influencers) to positively impact health outcomes; • Change the way we think about holistic service provision – move towards wrap-around services that are more person-centred - collaborative individualised plans of care with social supports linked to environment & economic opportunities; • Services must be responsive to rural & "out of hours" need (reluctance to "hand-over") – create real & virtual service/information hubs; • Improve signposting (link to Table 6.1, Action 1)	

Beneficiary Examples	**Partner Examples**	**Indicators Examples (align to PfG)**
• Adopt Universal Proportionalism Approach - Whole population, families, parents (& potential parents), communities, workforce; • Those diagnosed with chronic conditions; • People reaching end of life;	• Service users, Education & youth providers; • Community & voluntary sector to include S75 representation, faith-based groups; • Sports & leisure providers; • Healthy Living Centres & Libraries;	Based on largest inequality gaps – • Increase in Male Life expectancy & Female life Expectancy in top 20% most deprived areas;

• Those identified to be at greatest risk on agreed indicators (e.g. BME/Traveller community, older people, infants, children & young people, carers (to include young 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).	• Employers/business; • PHA, Council, SHSCT, Health Board, NIHE; • GPs, Pharmacists (potentially via SALT group); • Residential care homes; • Antenatal/preschool & early years/children & adolescent service providers, Sure Start, CYPSP; • PCSP	• Decrease in Std. Admission Rates for drugs, self-harm, alcohol; Teenage Birth Rate; Crude Suicide Rates;

4. Cross-Cutting Themes

Presentations were given on the following Community Planning cross-cutting themes:

- Sustainability;
- Equality, Good Relations & Social Inclusion;
- Rural Development; and
- Communication.

Members discussed issues relating to their Theme in groups.

Sustainability		
Economic	Social	Environmental
• Good evidence that what we have proposed is economically sustainable – promote health through the workplace (e.g. healthier workforce of benefit to employer, promotion of best practice, capacity building & learning, potential for social enterprise, promotion of fresh local produce); • Opportunities to link with CEES priority as employment is a determinant of health; • Health & wellbeing links with Tourism, Culture & Arts priorities – individual & social benefits for arts & culture participation	• Health & wellbeing has strong links with social sustainability, particularly overcoming disadvantage/social isolation, community safety, social cohesion; • Partnerships with community & voluntary sector to develop & fully utilise skills, networks & assets, promoting volunteering, life-long learning & activity; • Addressing addictions has social impact in terms of community safety & intra-community relationships	• Environmental sustainability links with Health & wellbeing through provision of quality living environments, quality & affordable housing, use of green spaces for physical/mental health benefits • Links with infrastructure TWG – digital & physical connectivity regarding information sharing & accessing services • Energy efficiency links with fuel poverty, disadvantage & health inequalities; • Pollution, water & air quality impacts on health; • Use of existing buildings & brown field sites as information & service hubs; • Cook It programmes reduce food waste, community gardens/allotments
• Strong links across the priorities & TWGs		

Equality, Good Relations & Social Inclusion		
Equality	Good Relations	Social Inclusion
• Identify inequalities (statistics & local knowledge), communication & promotion accordingly (e.g. older people, people with learning & physical disabilities, BME to include Travellers, gender, sexual orientation, carers) • Representative groups involved in project design & promotion; • Reduce barriers (e.g. transport, childcare, confidence, language, venue accessibility, service provider education); • Appropriate design & delivery (e.g. minority faiths may favour single sex delivery, different approach with males, age friendly etc.); • Links with employers to overcome barriers regarding childcare – lunchtime sessions	• Promotion of shared space & services, partnerships between communities based on common issues – dual use schemes that help us get the most out of the combined assets we have, deliver through shared interests - sports, arts, fishing etc.; • Move away from "postcode" determined disadvantage - more flexibility; • Physical regeneration & community engagement/ confidence building can lead to social regeneration	• Affordability, information, social support & physical access is a core consideration – potential for digital solutions; • Build individual confidence & capacity – use of volunteers; • Good practice "social" models targeting specific groups such as Men's Sheds, older people's/women's programmes; • Must be sustainability built into approach, long-term, compassionate communities

Rural Development	
Challenges	Opportunities
• Poor broadband & mobile connectivity; • Fewer facilities/resources, social hubs; • Weak transport links; • Isolation issues; • Resistance to seek help/travel outside locality; • Poor information dissemination • Poor quality environment; • Poor community infrastructure/motivation; • Poor street lighting, access to play areas (also including adaptions for disability), quality green space limits walking, cycling initiatives; • Farming, caring, childcare commitments	• Improve marketing through partnership with Ulster Farmers Union, faith based organisations & community & voluntary sector; • Lobbying for improved digital connectivity; • Asset mapping - use schools, halls & facilities in community to create hubs (grants programme to revitalise), think creatively – sports facilities, pubs etc.; • Share facilities across areas – asset transfer potential; • Outreach service delivery, improved information & service pathways; • Enhance, promote, expand community transport networks, better use of education buses, volunteer driver schemes; • Integrated planning & transport functions; • Investment in social capital & rural support networks (local health Champions, help completing funding applications, home from hospital volunteer schemes etc.); • Community clean-up initiatives; • Network of connected cycle ways/greenways

Communications	
Challenges	Opportunities
• Reaching those in most need; • Information overload; • Different communication needs amongst specific groups (e.g. language, people with visual impairments, learning disabilities, young people, older people); • Disengagement/lack of partner commitment	• Tailored user friendly language, different & accessible formats; • Personal one-to-one communication; • Maximise the use of other events to consult/disseminate information, better coordination; • Work in partnership – to improve reach & impact, target venues where people will be (libraries, GPs, dentists, churches, farmers markets); • Creative messaging – video clips, new technology, Instagram, Facebook, Twitter, involve young people, local radio, digital engagement platform, community information boards; • Training for groups to improve their reach & communication methods; • Make it relevant for people

5. Next Steps

As this is the final workshop for the TWG, Elaine Gillespie, Head of Community Planning & Fiona Teague, Public Health Agency thanked the group for their continued support and expertise.

Next Steps are:

- Consideration and prioritisation of outcomes from all six thematic working groups by Statutory Partners (Sept/Oct 2016);
- Consultation and engagement with local citizens and communities (Sept/Oct 2016);
- Draft Plan and formal consultation (Oct- Dec 2016);
- Conduct formal assessments (Oct-Jan 2017);
- Development of final plan (Dec- March 2017).