

Health Talk

**Summary of the Health and Wellbeing Board
Engagement Event held on 31st October 2013 at
King George's Hall Blackburn**



Why Health Talk

Health Talk was organised by the Blackburn with Darwen Health and Wellbeing Board for two things. To provide information about Health and Wellbeing engagement in the Borough and to listen to residents views and experiences about health and wellbeing. The discussions were planned to enable the Health and Wellbeing Board to listen to residents views about emotional wellbeing in terms of understanding support systems for service users. Health Talk also included a market place of stall for Health projects and providers and a photobooth for participants to show us the health asset that was most important for them.

Who took part?

Health Talk was a planned conversation with 80 residents. Invited residents were aged between 11-80 years and represented different ethnicities, gender and geographical areas in the borough. Health Talk was opened by Councillor Kate Hollern as Chair of the Health and Wellbeing Board and attended and observed by members of the Health and Wellbeing Board.

Residents were recruited by Youthzone, Young Carers, 50+ Partnership, Age UK, Healthy Living Centre and the Neighbourhood Teams.

What was Health Talk for?

Health Talk aimed to:

- Inform citizens about the 5 key themes of the health & wellbeing boards work
- Understand residents' views to inform future development of the Health & Wellbeing Board engagement strategy and approaches towards engaging with residents
- Create a networking environment where professionals and senior officers could listen 'first-hand' to the views and experiences of residents
- Gather information focused on mental health and emotional wellbeing as a council wide priority

How did it work?

The table conversations involved 8 themed tables each with between 8 and 12 residents. There was at least one table for each of the 5 themes of the Health and Wellbeing Strategy. Conversations were around each key theme between professionals and residents. Each table had an anonymous story to provide a way for residents begin conversations about emotional wellbeing (and other health and social related issues). Residents were asked to think about three things:

1. What does the person in the case study need? What could they do for themselves?
2. What does the person in the case study need from friends, family and their community
3. What support do you think the person in the case study needs from services

Each table had two people to support, one to start the conversation of by introducing the anonymous story and the second to record the main points of the conversation. The conversations lasted 50 minutes

What did residents say?

The following section sets out contributions from citizens in response to the anonymous stories of emotional and social wellbeing:

Children & Young People

The anonymous story discussed with young people was about a young woman named Sabrina. Sabrina had a range of health and social issues concerning binge drinking, self-harming, smoking and truanting from college. Sabrina cared for her sick mother and has to contend with a father who works long hours and is prone to bad tempers.

What do they need and what could they do for themselves?

- Support
- People who will listen
- Be able to confront Sabrina's problems (she is hiding away)
- Deal with the root cause problem
- Emotional Support (weight loss and to be there for them)
- Support for looking after her mum
- Support for stopping smoking she needs to know the facts of life
- Sabrina's not in the right environment to sort her problems out
- She should speak to the lecturer at college and should get a counsellor from support services
- She has the wrong kind of friends that lead her on
- If she had help off other people she would be able to help herself
- Access support services

What do they need from friends, family and the community?

- Support for self-harm
- Support from college/people she trusts and knows
- Support from college nurse and guidance counsellors
- Support for Sabrina's eating disorder
- Maybe support at her Youth Club
- Support for her alcohol use and to quit smoking
- Have the right group of friends (true friends)

What support do you think they need from services?

- Understanding of their issues
- Support for mum
- Young carers
- Support for parents/family/dads bad temper
- Discrete services that she is not embarrassed to access
- Being able to open up and discuss what's actually caused her stress/worry

Summary

Young people observed the health and social issues inherent in Sabrina's story. In order to help herself, young people expressed the idea of Sabrina confronting her issue as young people thought she was 'hiding away'. Young people thought Sabina needed to seek out help by talking to others. In terms of friends and family, young people referenced Sabrina's social network as important 'have the right group of friends'. Her youth club and support from college professionals (nurses and counsellors) were cited. Young people did not make any reference to other family members. Support from services included support for Sabrina's mother, and her family. Young people highlighted the need for a 'discrete service' where Sabrina could go to talk to someone. This was not flagged in the story so this may have arisen from young peoples' own experiences of feeling embarrassed about accessing certain services.

Older People

The anonymous story discussed with citizens around older people was concerned with a lady called Anne. Anne's husband had died suddenly and she was suffering from emotional and physical illness. Anne finds it difficult to live alone and does not take care of herself any longer.

What do they need and what could they do for themselves?

- Anne could join a group or society
- Join lunch clubs
- Someone to encourage her to go places
- Visit GP for mobility problems
- She needs to decide what help she needs is she at a critical point in her life?
- It comes down to someone needing to ask for help

What do they need from friends, family and the community?

- Needs help from others and not just her family
- Break the circle from always being with them
- Befriending service
- Her sister-in-law needs to contact people rather than move away from being any help
- Neighbours need confidence to approach someone
- Neighbours are often busy with their own families

What support do you think they need from services?

- Pendant alarms in case she falls
- What do we mean by services?
- Supporting rather than bombarding
- What happens if the adult says no
- Not always medical more social
- Lots of services available
- How do we reach the vulnerable and help them join in?

- Health visitors, GP, social services they are all out there but how do they communicate or reach isolated communities?
- Pastoral Visitors (churches)
- Charities working together more
- Care should be continuous?
- Do people meet the right criteria to get help?

Summary

Citizens who had conversations around homes and neighbourhoods asked many questions about existing service provision. Criteria for care and definitions of services were questioned by these groups. Communication between different service providers was further cited as a potential issue in the care of Anne. In terms of family and community support, citizens identified neighbours as a potential source of support but also recognised how neighbours can be busy with their own family lives. Encouragement for Anne to seek out friend networks and organised community services was identified by citizens. An emphasis upon Anne taking responsibility for her own wellbeing was further highlighted.

Work and Health

The anonymous story discussed with citizens around work and health was about a man called Mohammed, who is unemployed with no qualifications. Mohammed suffers from depression and anxiety and has no friends.

What do they need and what could they do for themselves?

- He needs someone of his own age to go out with who shares the same interests
- Or maybe someone older
- Maybe he should attend college if he's computer-minded
- Go to Training 2000
- Mohammed needs to do things for himself
- Take courses at Stepping Stones for building confidence
- He needs to recognise and accept the issue
- Take up voluntary work
- Apprenticeships

What do they need from friends, family and the community?

- People in his community need to help and support him
- Maybe someone needs to go to him like a doctor or nurse
- He needs someone to take him for the help
- A relative could help to talk to him and get him to seek help
- Try to get him out walking
- Try to get him to mix with other people
- Try to get him help with his mental health issues
- Contact voluntary groups that could help Mohammed

- His depression could be deeper than what we could help with only a doctor could help with
- Ask Mohammed what he thinks he could do to help his situation
- Get rid of the stigma of mental health
- Mentoring/buddying
- It's harder for men to talk about depression
- The neighbours should check on him
- Don't be judgemental

What support do you think they need from services?

- Mohammed may need signposting in order to achieve
- Talk to him, find out what he wants
- Research information on mental health issues
- Companionship to help Mohammed
- Job club and community centres to support
- Mental health services to build awareness of what's available
- No more stigma for mental health
- More events at local community centres

Summary

The citizens who discussed work and health placed great emphasis on community support in their responses. Voluntary groups, mixing with others and champions for Mohammed were cited as sources of support. This group further places emphasis on self-help and Mohammed's responsibility to help himself. Signposting and the GP were cited as types of service support Mohammed could access for his problems. Educational centres such as the College and Training 2000 were identified by citizens as opportunities for Mohammed to address his unemployment issues.

Keeping Healthy and supporting people that are unwell

The anonymous story told to citizens around keeping healthy was concerned with a lady called Maria who lives alone and suffers from Chronic Obstructive Pulmonary Disorder (COPD). Maria's condition is smoking related and her attempts to quit with cessation support has failed. She is depressed and does not leave the house unless it is to access the A&E department for her condition.

What do they need and what could they do for themselves?

- Maria needs to look after her body
- Somebody needs to talk to her about her condition
- Maria needs to do more to help herself
- Maria needs to stop smoking. She needs advice on how to quit smoking. Just being told to stop can make people want to smoke as they feel stressed.

What do they need from friends, family and the community?

- Ask Maria to attend more support, things may have changed

- Collate information for Maria let her know what's out there
- Exercise classes and advice on how to stay well. Once the programme has finished she's advised on how to keep up her exercise regime
- Support from daughter and social support
- Help from carers service
- Help from voluntary groups
- Regular contact

What support do you think they need from services?

- Somebody needs to do house visits instead of Maria going out to the hospital all the time
- District nurse should visit
- Community respiratory services run by matrons and referred by a GP
- Hospital discharge officer can also refer people leaving hospital and equip them with a rescue kit
- Increase lung capacity
- Face to face contact preferred
- One line of contact or else Maria would feel overwhelmed
- She needs referral to the Pulmonary Rehab Team but the hospital does not do this
- Very accessible and open services
- Referral to support groups directly from A&E
- Volunteers in A&E to talk to people about what support there is
- Marketing the idea of voluntary buddying
- Making people aware that waiting times in A&E can be two hours long even the smallest bit of help is invaluable
- Ensure that clinicians at stage 1 are thinking about Maria's emotional wellbeing. She will require support and confidence to be able to access sessions that will be beneficial to her health and general condition

The second story discussed by citizens for 'keeping healthy' was about a character named George who is retired and suffers ill health. George lives alone and has mobility problems and as a consequence feels lonely and sad:

What do they need and what could they do for themselves?

- George needs more motivation
- He needs to pick up the phone and ask for help
- He needs to speak to his GP who can offer help, support and signposting
- Services he accesses need to provide him with information about help available.
- He needs to access his local community centre / adult learning courses to meet new people which will help him to lead a happier life
- He needs to fight for it and get some get up and go.
- Talk to local people and find out what is going on in the community i.e. post office, community centre, pubs, neighbourhood notice boards, church, local shops etc

What do they need from friends, family and the community?

- Regular contact from friends, family and neighbours

- Just someone to talk to who will listen and care
- Help from voluntary organisations
- Dedication, passion and support
- An information pack with lots of information about the support services he can use
- The community to regularly check on vulnerable neighbours, possibly a bank of buddies / champion volunteers / befriending service like George
- More community centres to actively recruit volunteers
- Local Councillors to help residents and identify those who may need extra help
- One to one help and support
- Sometimes there is too much red tape which makes people scared to help?
- He needs to be helped by the grit squads, good neighbours and other council projects as well as community projects like Ivy St Community Centre
- Assisted shopping

What support do you think they need from services?

- Services need to have a much more joint approach with each other. People need a single point of contact.
- Information packs with as much up to date information for customers as possible
- There is not enough support for people who have retired. They should be given guidance as it can be scary when you are used to working all of the time.
- Attitudes need changing.
- Services and opportunities available need to be advertised much better
- A knock on the door from service providers. One to one contact.
- Services i.e. local police, community volunteers, GPs need to be aware of what other services / activities are available so they can effectively signpost
- Services need to stop being cut so that vulnerable people can be supported.
- Services need to provide better training to community volunteers so that they are in a better position to help and advise.
- When services visit people in their own homes they need to look out for issues like depression, low confidence, poverty, diet etc

Summary

Citizens who discussed keeping healthy felt that Maria needed to take better care of her body and access cessation or keep trying. Information for her condition was identified as crucial for Maria's wellbeing. Having a key worker (one line of contact) instead of many professionals and medical equipment was cited as important for Maria. Home visits by professionals to encourage self-care was further identified as a good way forward for Maria's care. In relation to services, volunteering and buddying systems were seen by citizens as good not just for Maria but for others.

Homes and Neighbourhoods

The anonymous story discussed with citizens around homes and neighbourhoods was concerned with a lady called Anne. Anne's husband had died suddenly and she was suffering from emotional and physical illness. Anne finds it difficult to live alone and does not take care of herself any longer.

What do they need and what could they do for themselves?

- Stimulation to start cooking for herself again
- She needs company and is socially isolated
- Find out about local groups

- Assisted shopping from Care Network
- Get in touch with dial a ride for transport
- Mental stimulation like joining a reading group
- Social services need to assist Jane for any assistance or adaptations that she might need
- A voluntary buddy system to motivate her to start going out again
- What is urgent for Anne? Nutrition as shes not eating balanced meals, fall prevention team, and she needs to build strong bonds with her family because they are her support network
- The depression is the cause of all Anne's problems and she needs to talk to someone, perhaps a counsellor

What do they need from friends, family and the community?

- Anne needs support
- Needs her friends and family to give her time
- Anne needs friends and family to discuss selling her house due to high costs of up keep
- Getting someone to live with her
- Family and friends to support with finances and keep her company
- Get involved with local groups to meet people and make friends
- Family and friends to support her moving into sheltered housing
- Services such as the Care Network offer a lot of assistance for those who want to stay in their homes
- Family and friends need to put a plan in place for ageing that takes a proactive approach to key moments in ageing for example no longer being able to drive
- A big problem is that when people are retiring they are moving to rural locations where perhaps there is no easy access to services
- Wealthy retirees sometimes move into rural areas and this can cause them problems later in life re accessing services

What support do you think they need from services?

- Care network-assisted shopping and cleaning
- Perhaps upskilling her IT skills so she can do her shopping online
- Social services-provide adaptations to improve her mobility indoors and out
- Housing agents/housing associations to help find smaller more manageable and energy – efficient type property
- Need to bring back the community ceiling
- Build community spirit, a sense of community eg activities taking place in libraries and community centres and perhaps common areas within streets and squares
- Emphasis neighbourly support
- A sense of community spirit is key
- Your support your choice

Summary

Citizens who discussed homes and neighbourhoods used Anne's story to highlight the issues associated living alone and accessing relevant services. Ideas concerned with moving Anne to sheltered accommodation and adapt her home to make it more accommodating for her mobility issues were also recognised by citizens. A huge emphasis was placed upon community networks and community spirit in supporting others who may be socially isolated.

The Market Place



The Health Talk market place featured more than 20 stalls split into the five Health and Wellbeing strategy themes. These included a wide range of interactive stalls where members of the public could find out more about local health services, speak to providers about their experiences, have an NHS Health Check and take part in fun activities such as CONNECT's watt-bike challenge. There were taster dance sessions and demonstrations of the latest telecare gadgets. Below are details of the further engagement activity carried out by partners on the day.

Telecare

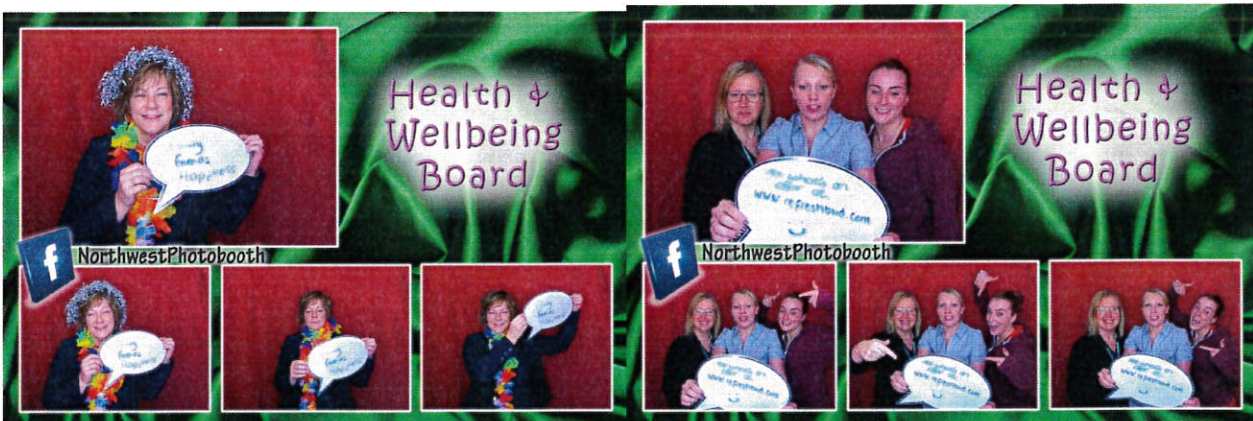
The event enabled the 'Safe and Well' Partnership to test some concepts around providing a mainstream offer to the public, for non-FACS eligible service users. We laid out a range of linked and standalone assistive technology and telecare products and services, all priced, and with information on where people could purchase equipment from. There was also information about how to get assessed and access equipment, adaptations, council funded telecare services, and other health and social care support. We asked families and people with care and support needs what they thought of the brand, the idea of mainstreaming assistive technology and telecare to the public in mainstream shopping locations. We also asked people about how likely they were to use and recommend such a service. The response to whether people would want a presence of a 'shop', based on what the 'Safe and Well' partnership could provide to people was an emphatic 'Yes!'. When one visitor was asked what they thought, the reply was "...this is really exciting and the best thing ever! I definitely want a 'Safe and Well' shop in my community". This visitor was recently diagnosed with dementia and she was very anxious of losing her husband, getting lost in shopping centres, or on holiday, and in airports. She was delighted at the range of GPS and consumer personal locator devices on show. This feedback was very representative of those who visited the stand.

The Photo Booth

The event also featured a photobooth where residents could be pictured with a 'thought bubble' to capture some messages on about how they like to stay fit and healthy. Some of the responses were:



What does make residents healthy?



Health and Wellbeing Board

Members of the Health and Wellbeing Board gave some initial consideration to the draft report from Health Talk at the development session in November 2013. Members of the Board were very positive about Health Talk and felt that it had provided some really good feedback through the workshop session and from the market place. There was general support for the establishment of Health Talk as a regular, possibly annual Health and Wellbeing Conference. Members of the Health and Wellbeing Board were supportive that the outcomes of Health Talk would feed into the development of the Health and Wellbeing Strategy delivery plans for each of the five priority areas.

