



Health Forum 29th July 2015 Heathlands Hotel

Discussion Session

1. What are the key barriers to people's wellbeing?

Green Table

- Lack of information/ease of information
- Relationship – someone to support/encourage – a constant person supporting them
- Knowledge on healthy eating/smoking (on aging well)
- Day to day budgeting and knowing if entitled to benefits
- People admitting they need help
- Where one partner takes control (eg money) and then perhaps has a stroke and can't deal with it
- Self-funders who drop below the threshold
- Paying for transport
- Lack of thinking around sharing resources – staff/transport etc
- Succession planning for older carers who are looking after their children with complex mental health needs
- Lack of understanding of what wellbeing means
- Getting more complicated for volunteers and some pulling back from support (length of time for DBS)

Blue Table

- Health
 - Access to doctor appointments (rough sleepers)
 - NHS direct changed leading to bad publicity
- Food poverty – money
- Accessibility to resources
- Fuel poverty
- Emergency dental care for rough sleepers/vulnerably housed
- Need to meet base needs in order to build towards full wellbeing
- Awareness of services available

Red Table

- Isolation
- Drug and alcohol addiction
- Low self-esteem
- Mobility issues

- Society complicated
- Social exclusions
- Lifestyles
- Poverty not just financial

Purple Table

- Poverty
- Access – where to go for information
- Isolation and loneliness
- Employability or lack thereof
- Different formats of information
- The people are told – lots of **don'ts** eg smoking, drinking etc
- Discrimination
- Housing and where they live – postcode lottery
- Perception of crime
- Transport – lack of affordable/accessible
- Being disadvantaged
- Lack of services
- Self-esteem
- Education – aspiration/lack of
- Lack of joined up work between agencies
- Getting caught in gaps of services
- Lack of innovation
- Bureaucracy
- Not fitting with lifestyle

2. How are we currently supporting people with their person wellbeing?

Green Table

- Enham self-funder support looking at different options for people
- Better Together Board looking at single point of access
- Supporting people coming out of hospital (Red Cross)
- New support at home for low level care funded by Advocacy to the Red Cross delivered by volunteers for up to 6 weeks with 1-2 visits per week – no personal care/meds. Work closely with Poole assisted discharge
- Headway – following reductions in funding the organisation attempting to assist with social isolation eg coffee mornings – picking up long term people no longer eligible for service.

Blue Table

- Gardening club and visits – Bearwood
- Services to rough sleepers and vulnerably housed
 - Drop in sessions
 - Food
 - Clothing
 - Access to telephones
 - Needle exchange and bloods clink
 - Assist with application forms

- Organised CAB advice
- Dental bus
- Help with initial stages of wellbeing but also need additional care
- Support partnership working and contribute funding in Boscombe and West Howe around health and housing. New piece of work around equality especially financial
- Helping set up Direct Payments – direct conversations with people to advise about spending. Also started helping self-funders with advice
- First point of contact – CAB. Helping people to move forward with wellbeing and signpost where necessary
- Support the people giving the support – interpreting.

Red Table

- Healthwatch give people opportunity to talk about their experiences
- BADSUF – involved in recovery from drug/alcohol addiction. Work in peoples own homes – sense of empowerment, ability to connect with own life
- BIAC – helping to connect people, telephone support and advice
- B&P Lymphoedema – Key to establishing care

Purple Table

- Dorset Community Fund – developing a fund for older people so they can live independently. Lots of pockets of work but hard to get an overall picture and idea of gaps in provision
- DH&CC – yes for those people that use our specific services but still not joined up services
- Not approached as a wellbeing perspective
- Need to have services available for everyone
- Needs to be more mapping
- As individual agencies service users are well supported eg advocacy, befriending etc however these individual facts are only one small part of a larger picture of wellbeing
- Capacity can be an issue. Also geographical area eg leafy suburb of retired professionals with luxury of time and resources
- Help to give to others eg volunteering or peer to peer support. Giving can improve wellbeing.

3. As a snap shot, is the well-being of your service users improving or deteriorating?

Green Table

- Headway – reduced dramatically (service user wellbeing) due to reduction in funding
- Increase in inequalities – bigger demand seeing people with more complex problems

Blue Table

- Improving
 - Through sports activities such as yoga and boules
 - Generally improving but slowly. May come down to funding
 - Volunteers within CAB and Routes to Roots increase which results in improving wellbeing
- Deteriorating

- Higher number of people using CAB
 - Financial poverty
 - Struggling to access housing
- Homeless population – see improvements for individuals but overall deteriorating – increasing number of the past 3 years accessing provisions
- Interpreting
 - Up 57% from 2013-2015 but is this necessarily deterioration?
 - It might be improving wellbeing because service users are better understood

Red Table

- B&P Lymphoedema group is growing. 2.5 years ago the group started as people find it hard to access help
- Healthwatch – people feel more empowered and they feel something is being done
- BIAC – deterioration of wellbeing. Growing demand, more external pressures, mental health issues quite high, society is harder to live in
- BADSUF – people accessing services getting higher. Pressures of normal life more difficult. Pressure to get back into work hard to cope with. Older people have drinking problems associated with loneliness. If we knew how many are affected it would be surprising/worrying.

Purple Table

- Improving for some, deteriorating for others. Some of the most challenging behaviours have less services due to cuts. Causes more stigma.
- Lack of funds is a big issue. Services would be improved with more funding and numbers/resources.
- People not meeting criteria are unable to engage and eventually all services stop
- Less money but funders are expecting more work to be done. Making it hard to quality within the budget
- Pressure on voluntary organisation to pick up the slack. Starts to impact on VCS wellbeing work/life balance.
- Number of people looking for services is increasing
- Hardest to engage/problematic groups are being pushed further away
- Preventative services being cut. People unable to easily access help in the early stages
- Multiple issues eg mental health, addiction, homelessness – where to start? Moved around and passed between services
- Who is seeking the solution for those hardest to reach?

4. What more can we all do?

Green Table

- Look at co-ordinating together for people with particular skills or only want to do certain roles (role for CVS?)
- Talk to private sector to discuss what capacity they can provide – put on an event and invite big companies who give volunteering opportunities to staff to discuss how they might help the local voluntary sector
- Look at Slivers of Time Model – Red Cross Torbay
- Share training eg safeguarding training
- Transferable DBS and get volunteers to register themselves

- Increase awareness for fare Share coming into the area (collect excess food from supermarkets) looking at 'community meals' to revitalise the lunch club model

Blue Table

- Raising awareness – info and advice
 - Making connections between organisations to see services promoted within organisations
 - Include GPs
 - Getting organisations fully informed rather than just focusing on individuals
- The voluntary sector is commitment driven
- Continue to lobby central government for funding rather than recognition

Red Table

- Hard to match services
- 'Junkies of Happiness' UN report says UK is lower than it used to be
- More small groups

Purple Table

- Better understanding of what we all do
- Speak up and put solutions to CCG. Not just identifying issues.
- Communicating more as a sector so we know what is happening locally.
- Agreed commitment to work more with each other.
- Dependent on contracts but they are restrictive. Need to look at other funding streams to do work that falls into contract gaps. Possibly in partnership with other groups.
- More use of grants
- Collaborative working
- Sharing resources
- Sharing specialisms
- Call to action
- Finding common ground
- Act on resources eg networking at CVS events