

Health and wellbeing locality engagement events – September 2015

Our vision for integration

To enable the people of Moray to lead independent, healthy and fulfilling lives in active and inclusive communities, where everyone is valued, respected and supported to achieve their own goals.

Introduction

This document is a record of a series of eight community engagement events held between 22-30 September and which brought together over 60 members of the public and elected members of The Moray Council.

The purpose of the events was to raise awareness of the integration of health and social care in Moray and engage with stakeholders to inform the development of the draft Strategic Plan.

It was also an opportunity to recognise the contribution of communities in supporting health and wellbeing and share information on small grants funding streams from the Integrated Care Fund.

The engagement events were designed and facilitated in partnership by tsiMoray and the Moray Health and Social Care Partnership.

Summary

Participants at the engagement events expressed overwhelming support for the Moray vision for integration and the national health and wellbeing outcomes, with a strong desire to see the words put into action.

The recurring theme at all discussions was **active and inclusive communities**.

Almost all participants were involved in groups in their communities and strongly advocated the important role groups and their activities play in terms of prevention and early intervention by providing opportunities for people to stay socially connected and enabling them to maintain and improve their health and wellbeing.

The challenge of sustainability in terms of limited finances and active volunteers was highlighted along with a desire for continued community capacity building.

Background

The Moray Health and Social Care Partnership, under the governance of the Shadow Integrated Joint Board, is currently preparing a three year draft Strategic Commissioning Plan.

This plan will set out how the partnership will achieve its vision, deliver on the nine national health and wellbeing outcomes and meet the local Moray priorities identified and agreed by listening to and involving all stakeholders.

The draft plan will be consulted on in January and February 2016. It must be finalised by the end of March to allow the Joint Board to assume full responsibility for the planning and delivery of integrated health and social care services in Moray.

Event format

The events looked to provide people with an opportunity to engage with health and social care integration and identify priorities for the draft Strategic Plan.

The first part consisted of a PowerPoint presentation which introduced integration in terms of legislation, the national health and wellbeing outcomes, progress in Moray and the next steps.

Information on the small grants funding opportunities for community groups/projects from this year's Integrated Care Fund was presented by tsiMORAY.

Each session ended with participants asked to suggest the priorities they want to see addressed by the plan.

Questions and open discussion was encouraged throughout the events and comments noted to provide a record of the conversations.

The key discussion points from each event are summarised in this report and will be shared with the Strategic Planning Group as part of the process to develop the draft plan.

The draft newsletter on integration was circulated and this highlighted opportunities for continued involvement.

This report will be shared participants who provided their contact information and through the integration section of The Moray Council website www.moray.gov.uk/integration.

They will also be invited to attend the series of engagement events in November 2015.

The events:

1. Fochabers – Public Institute, 22 September

Community. Importance of social interaction. Communities are fragmented nowadays and people need opportunities to come together. People enjoy coming together and it's good for their health and wellbeing. Lack of confidence stops people going. Lots of work goes in to promoting activities but people still feel they don't have enough information.

Expectations placed on community groups: Community groups should be seen as complementary to services, not a replacement. Volunteers are not professional support staff. They can become over-burdened, particularly as many in groups don't want to take on organisational responsibilities. Individuals only have so much capacity.

Engaged workforce: Have to get it right at the coal face. Achieving the first seven national health and wellbeing outcomes relies very much on an engaged workforce and effective resource use. Many people have had positive experiences of kind and dedicated staff. A lot will also be down to external service providers and this seems to be an issue in home care.

Shared information/single record. Services at the moment are disjointed. People are told they need equipment for medical reasons and then have to fight for it. There should be one record or central database which everyone can see so no one can argue about what's been said. People should be able to get the help they need.

Role of GPs. GPs not signposting patients to support such as CLAN. More social prescribing needed.

Local services. Difficulties caused by having to travel to Aberdeen for appointments. Dr Gray's turning into a "cottage hospital".

Mental health. Shortage of help for people with mental health issues and their families.

2. Tomintoul – Richmond Hall, 23 September

Community. People would benefit from more opportunities for social interaction, including inter-generational interaction and with animals. This would reduce feelings of loneliness and depression.

2. Tomintoul – Richmond Hall, 23 September

Independent living. Need to get self-directed support (SDS) working well for everyone. People enjoy the flexibility it offers.

Strategic Plan. Need to get all age groups involved, particularly younger people.

3. Forres – Forres House Community Centre, 23 September

Community. Following bereavement people can lose their community connections which can impact on their mental health.

Wellbeing, early intervention and prevention. Prevention is not mentioned in the health and wellbeing outcomes. How do we ensure children grow up to be healthier? Prevent people going into hospital. Recognition is needed of the benefits to health and wellbeing of non-health and social care services such as the arts and sports. Sporting and physical activity are important in terms of maintaining and developing wellbeing. We have the knowledge to support people locally.

Unpaid carers. Importance of carers. Now and again they need a break and have to fight for respite. Carers don't realise they need it.

GP involvement. Can see the potential for integration but it will only work if GPs throw their weight behind it.

4. Elgin – Elgin Town Hall, 24 September

Community. No such thing as community any more; people don't knock on your door to make sure you're OK. How do we get back to where we were? It's a particular issue in rural communities and for older, isolated people. What is the definition of community – it might mean different things to different people. What prevents people from getting involved in their community? Particular issue with men. Need for community connectors/ village agents both in person and online. Transport is a key aspect to enable activities to happen.

Early years. Not in scope but a crucial aspect of strong communities. Good foundations for physical and mental health and wellbeing for young people start with their parents. Provide more support to parents and families as a way of supporting/investing in the community of the future.

Unpaid carers. Lots of couples in their 70s and 80s who are caring for each other

4. Elgin – Elgin Town Hall, 24 September

without any outside help until something goes wrong. You can't force them to accept help but it's important they realise help is available. People in their 50s and 60s now caring for ageing parents and their spouses/siblings.

Partnership working. Health and social care should be more open to sharing resources and to improving relationships with the third sector. Lot of things being done by health and social care professionals could be done by others which would be more effective and efficient. The third sector is able to do more for less. Health and social care could then focus on Tier 3, those with complex and long term care and support needs. Make more use of expert patients, not just what a service can do but looking at peer support. Third sector organisations have to be better at networking. More funding should be directed to the grassroots. Huge network of strong voluntary organisations doing phenomenal work.

5. Keith – Longmore Hall, 29 September

Community. We have a changing society where you no longer speak to your neighbours every day. People don't think about looking out for each other. People lead independent and isolated lives then during times of crisis don't know how to get help. Need to create opportunities to bring people together. Lots of ways of supporting community connections such as through local radio.

Improving health and wellbeing. Everyone has a role to play, not just professional staff. People need to be involved in all aspects of nutrition, activity etc. Concerns over alcohol being too socially acceptable and the harm not recognised.

Independent living. Provision of home care is key for many people. Home carers seem to be focused on personal care and there is little help with domestic tasks such as shopping and cleaning. Could others be employed just to do the domestic tasks? Admission to a care home isn't always a negative, particularly for those who are socially isolated and struggling at home. Need to remember this is not just about older people.

Unpaid carers. Develop more befrienders in the community to provide respite for carers.

Early years. Importance of educating children in health and wellbeing but this needs to be supported at home by the parents.

6. Buckie – Fisherman's Hall, 30 September

Community. The importance of community groups in enabling people to live in good health for longer has to be supported. It is not just about the activities they run but the wider social connections made. Replacing equipment is costly and increasing hall charges are a concern. Always seem to talk about community activities for older people but young mums can be just as isolated. People need information about what's available in their community using a variety of means to get messages out such as local radio as not everyone has internet/Facebook.

Independent living. Elderly people want to stay in their own homes but don't want to be stuck at home, seeing no one. There is an issue with a lack of care at home and particularly with external providers not being able to deliver on contracts. Need to look at all issues of recruitment, pay and conditions for home carers.

Unpaid carers. As the population ages so do carers. People in their 70s may still be caring for their parents in their 90s. They need support. Respite care is very hard to get. Provision needs to be looked at, particularly emergency respite.

Mental health. Suicide is an issue in Buckie, particularly among young men.

Local services. People who are sick and in pain are having to travel through to Aberdeen and appointments are made for 9am. People with an AB postcode have to pay for accommodation at the CLAN centre but those with an IV postcode don't, even though it may be just as far for someone to go from their home to the A96 first to get a bus. More use should be made of technology and telemedicine.

There was no public attendance at the events in Lossiemouth (25 Sept) and Rothes (29 Sept).