

Refresh of Health and Wellbeing Strategy

Introduction

This paper provides Members with the outcomes from a consultation session on 24 June 2015 with local voluntary and community sector (VCS) organisations that will inform the development of the refreshed strategy. Questions asked covered:

- What are your aspirations for health and wellbeing in Rotherham?
- What help do you/your service users need to be healthier?
- What can we do differently?
- For the strategy to have been successful, what will have changed in: 1 year; 3 years; 10 years?
- Is there any relevant data, research, consultation feedback that we should take into account?
- How can we best keep in touch with and involve you/your users on an ongoing basis?

Health and wellbeing strategy – VCS consultation session at Voluntary Action Rotherham (VAR)

General

- Need for improved local media coverage of issues
- Health profile stats don't necessarily reflect situation on the ground (e.g. on children's mental health, homelessness) so won't always be the most appropriate progress measure
- Where problems are hidden and not reflected in the stats, how do we ensure commissioners of services and HWbB are aware so that resources can be targeted appropriately?
- Noted that winter deaths improvement was largely achieved through external funding. Can it be sustained now funding has reduced?
- Don't tackle problems in isolation (e.g. physical/mental health inextricably linked, which should be explicit in the strategy)
- Some providers seen as "gatekeepers" preventing wider involvement from potential delivery bodies. Services also seen to concentrate on clinical solutions rather than holistic support. Need for a wider range of providers to be involved, including VCS/community-based organisations.
- Need to be able to take funding away when services are failing and/or ensure – through better commissioning/contracting – that services focus on prevention
- Difficulties in understanding and navigating the system. Some people only able to get effective support due to their personal contacts or professional knowledge.
- Higher support thresholds for adult social care increasingly leading to interventions occurring only when crisis is reached. Again, VCS can play a vital role in shifting focus to effective preventative support – "upstream" investment.
- Need to invest health money in tackling wider determinants – as per Marmot.
- The problems aren't new, but we don't seem to be making much headway – do we need to think more radically?
- Community assets based approach can't just be dumping problem on the VCS because of budget cuts. Need a constructive dialogue and appropriate

investment/incentives. Also address disproportionate scrutiny of non-mainstream spend.

- Pick people up when they “wobble” – invest in the right areas at the right time.
- Danger that health and wellbeing board is actually focused on existing ill health rather than prevention and wider wellbeing

Response to questions

- Ensure we focus on reducing inequality and helping those who are most disadvantaged or excluded
- More preventative and joined up approach
- Can't lose focus on older people 50+ and particularly look to intervene at transition points (e.g. losing a job or partner, onset of major health problem) to prevent isolation and deterioration of physical and mental health. Ageing well is part of current strategy, but hasn't delivered sufficiently. Needs renewed focus in new strategy.
- Specific focus on social isolation as this is major cause of physical and mental health problems
- Consultation like this raises expectations, but then often nothing seems to happen or change as a result. Need to feedback and for this to be an ongoing dialogue.
- Transparency of decision-making and ability to challenge.
- Understanding system and where to go for help. Digital/online services can be impersonal and not appropriate for everyone, particularly older people. Often a lack of empathy from service providers.
- Felt that some service problems were HR issues – i.e. high staff turnover so lack of continuity and understanding of issues/context.
- Transition from children to adult services is an issue, particularly for mental health services
- Provide support when and where people need it. Allow people to self-refer – increased choice. Invest in information, advice and advocacy. Right services, right place, right time.
- People can often ping-pong between services – referrals/connectivity within the system need to improve – help people to navigate their way through.
- Sharing info between agencies is vital. For example, SYF&R identify health risks / vulnerable people and signpost to other agencies. “First contact counts” approach.
- Refer people to more cost effective (VCS) services when appropriate – commissioning pathway that recognises varying support is needed from a range of organisations at different stages. Ultimately provide more holistic support that is more likely to prevent problems from recurring.
- May need a leap of faith, accepting that some organisations/sectors can do certain things better, so invest in them.
- To promote healthy behaviour and better understand how we can improve health and wellbeing, need to speak to people about their real life experiences and use this to inform the way services are designed and commissioned.
- Will personal health budgets, especially for people with learning difficulties or disabilities, be specifically addressed in the strategy?

Summary / key themes

- There should be increased emphasis on and – crucially – investment in prevention and early intervention
- The health and wellbeing strategy and board should promote a holistic approach rather than a narrow clinical focus, with clear support pathways that utilise expertise from a range of organisations at the appropriate stage.
- Decision making should be transparent and driven by the needs of service users rather than maintaining the status quo, with services clearly held to account for poor performance.
- Partners need to recognise key transition points for people, across all age groups, and address the consequent support needs as they arise rather than waiting for people to reach crisis point.
- Whilst recognising the importance of children's health and wellbeing, the strategy must focus on supporting the most disadvantaged and excluded people regardless of age, and should include a renewed focus on healthy ageing.
- For consultation to be meaningful, we should commit to an ongoing dialogue and be able to clearly demonstrate that feedback is used to inform the strategy and the wider work of the board and its partner organisations.

Next steps

- Attendees asked to send in case studies or further relevant information (via: michael.holmes@rotherham.gov.uk)
- More detailed discussions to be arranged around specific service areas / pathways as the strategy develops
- Arrange a similar session when there's a draft strategy to consider

THIS PAGE HAS BEEN LEFT INTENTIONALLY BLANK