

well wharfedale

What next?

Thursday 15th November 2018



Bringing people back together

On Thursday 15th November 2018, the people of Wharfedale were asked to come back together for a follow up workshop to further explore health and wellbeing within their community. The first workshop held in June 2018 was a huge success and lots of great discussions took place. The aim of this workshop was to start building on those ideas, identifying the challenges and barriers which were preventing new initiatives from developing and what was required to further progress groups that already exist.

Discussion tables were set up for each topic which was agreed for the agenda at the first workshop. These were:

- A. Drug & Alcohol Abuse and Other Addictions
- B. Mental Health – teenagers, men’s health / suicide
- C. Social Prescribing – debt issues, building resilience within individuals and as a community
- D. Parenting and parenting concerns - pre-school
- E. Loneliness – inter-generational activity & understanding, community activities and wellbeing, loneliness for older people
- F. Opportunities to have fun – getting people moving and more active, work/wellness – life balance
- G. Wellbeing for Carers
- H. Menopause
- I. Spirituality in a very busy world
- J. Dementia – feeling part of the community

The notes on the next few pages within this document capture the discussions that took place at each table.

A

Drug & alcohol abuse and other addictions

Ideas

- Raise awareness – campaign to get people talking, overcome the taboo – similar approach to MH awareness
- What are the issues
- Highlight the first signs of illness
- Where to go for help, events happening

Benefits

- Target teenagers directly
- Campaign to reach general population

How

- Working with teenagers to build resilience to resist peer pressure
- Local businesses – Rotary Club etc.
- Education – provide the correct information
- Target places where people go to buy drugs, back of pub toilet doors (advertising)

Resource

- Volunteers
- Materials
- Expertise
- Online resource

Interested people

- Mark Stidworthy
- Pat Savage
- Phil Taylor
- Phil Chappell

B

Mental Health inc. teenagers, men's health / suicide

Ideas - Mental Health awareness / first aid training

Benefits

- To look after self and others and recognise signs, symptoms and how to help?

How

- Similar approach to Dementia Friendly training.
- Needs to take place through workplace, schools, existing community groups and general public

Resource

- Trainers – existing structure / charity, trainees, funding, advertising

Ideas - Tech-Free Approach

Benefits

- Encourage people to take a break from social media which can cause anxiety etc.

How

- Target schools and workplaces to include regular tech free time

Resource

- Produce standard resources to support organisations (e.g. posters)

Ideas - Frequent and regular mental health drop-in sessions with signposting (with specialist)

Benefits

- Will help remove taboos, easily accessible and visible

Resource

- Venue (GP surgery?), specialist, GP MH Champion

Contacts

- Caroline Kelly
- Joy Lynch
- Philippa Selby
- Andy Rayment
- Ruth McBain

C

Social Prescribing

Ideas

- Need to identify leads in Social Prescribing
- Directory – signposting is not always enough – need to support people to build confidence to attend groups that are available

Benefits

- target those that are hard to reach, reduce social isolation

How

- Good neighbours / community transport
- Develop a volunteer base
- Community action – website / volunteering – develop for Wharfedale
- Action (needed valley wide & more local community level)
- Social Prescribers to meet local community GP representatives (with GP & Parish Councillors)
- Volunteers to take over from PSNs (during 4-6 month involvement) – not limited to old people

D

Parenting and parenting concerns - pre-school

Ideas

- Regular parent discussion group and support whilst kids take part in an activity e.g. cooking class (Sixth Form students to volunteer)
- Supporting children with special educational needs who don't meet criteria but still need support
- More support for parents which is easily accessible – awareness of resources, empowering to give confidence to access and overcoming barriers to access that support

How

- Education/promotion
- Drop in facilities – weekly/monthly/themed
- Ilkley Children Centre – what facilities are available?
- Single parents – enable them to access services when requiring childcare
- Better if these ideas were discussed further with parents so they can contribute – ideally during the day?
- Parents evening opportunity to talk to parents, should include more information on support/signposting – 2 x 10 minute slots per year
- Parent – parent support groups
- Parenting lessons – overcome the stigma of asking for help as a parent

Resources

- People, venues, raising awareness, schools

E

Loneliness - inter-generational activity & understanding, community activities and wellbeing, loneliness for older people

Ideas

- Social Prescribers to look into using “untapped” resources
- Majority of resource available aimed at older adults – need to recognise all ages
- Need to encourage employment (whether paid or voluntary) - could recently retired adults / those on benefits be matched to businesses – getting them out and involved

Benefits

- Reaching out to vulnerable, isolated people

How

- Use similar model to Outside the Box
- Lighthouse Project – education

F

Opportunities to have fun

Ideas/Issues/what already exists

- Fun means different things to different people
- Part of a community – being missed if you're not there
- Clarke Foley – volunteer support / buddy – but can be time limited
- Generational – don't know neighbours as well as used to
- Having fun can build confidence in older adults
- New to an area – people say 'hello' but this isn't extended
- U3A – University Third Age – already provide activity groups but age audience can create barriers for some people
- Need to build on connecting people and building confidence
- Holding a coffee morning with neighbours at each other's houses or at local coffees shops to start building connections
- Support clubs that already exist – promote awareness, become more accessible, link in with other groups (create a network)

Resources

- People, venues for coffee mornings, help with cost of small activities

G

Wellbeing for Carers

Ideas

- One source to reach these groups – e.g. Social Enterprise
- Voluntary register of carers – providing information of what's available
- Carer support groups and activities – forums for shaping and taking a break
- Allow carers free time, suitable carers required to look after cared for person
- Befrienders / volunteer sitter – barriers – training, DBS etc.

How

- Need to map what is currently available for carers organisations and support they provide

Contacts

- Jan Burrows
- Val McKenzie
- John Tinkler
- Pam Stoney

H

Menopause

Ideas

- A support group already exists - 'Behind the Woman'
- Provides monthly group sessions which focus on ways to manage the menopause
- Not just a focus on menopause, sessions include lifestyle, nutrition, exercise, meditation, coaching etc.

Challenges

Referrals – would like GPs to play a more active role in referring patients to her group and avoiding prescriptions for HRT.

Difficult to promote on social media as not something people necessarily want to talk about so can be put off by the word 'menopause'.

Delayed diagnosis – symptoms of menopause are easily being missed and misinterpreted as other illnesses. Tests for other illnesses (which are not necessarily needed) are costing the NHS money.

Resource

- An awareness campaign, website, printing costs, venue hire and training

How

- Need to connect and link in with Personal Support Navigators, Social Prescribers etc.
- Would like to see opportunities for co-locating in GP practices
- Opportunity to link with other community groups e.g. Pilates
- GPs, Receptions and Care Navigators are key to spreading the word
- Would be good to have GP champions for Menopause who can ensure their colleagues are referring
- Menopause is happening earlier on in life for some women – need to raise awareness as can sometimes cause depression
- Wider health determinants considered as effects relationships, work, families etc.
- Facts/leaflet designed for men so they also understand and know how to deal with it if their partner is going through the menopause.
- Women encouraged to 'find their own path' not just given one medical route

I

Spirituality in a very busy world

Ideas

- Listening course – already started
- Community leaders lunch – organise for 2019 to bring people together including social prescribers, GPs etc.
- Community Audit – identify the needs, using existing links, involve the Parish Council
- The Happiness Course – 5 weeks (1 evening/day session per week). Includes the essential forgiveness and not holding grudges – shows how to achieve this
- Working towards establishing community wellbeing centres that bring provision together

Resource

- Help facilitating the events – volunteers, venue, promoting etc.

J

Dementia - feeling part of the community

Dementia Friendly Ilkley Group

- How do we get people on board
- Funding? – how do we get funds to support activities
- Existing business support for group established
 - No-one available to follow up with this
- Too few people to hold group together
- Need to have a friendly expert (clinician) involved for partnership work
- No advertising in Ilkley for Dementia
- Good Dementia Awareness Week – but this is only once a year
- Need to have GP referrals into the group
- Forge links with Wellbeing Café
 - Work together
 - Can this be developed

Burley Dementia Action Group

- Group has clinical input
 - This didn't happen straightaway
 - Once clinical input received the group worked better
- There is a need for GP referrals
- Get into the Parish Council newsletter
- Now has active group working well
 - Working through the dedication and commitment from all the group

How does it work well?

- Referrals from general practice
 - This is evidence from Bradford Dementia Groups
- Having clinical input into groups

J

Dementia - feeling part of the community

What's needed to get it to work well?

- GPs to refer into the groups
 - Not only use Carers Resource as first port of call
 - Social Prescriber to liaise and work with groups
- Working with other groups
- Practices to nominate a contact to work with the group
 - Social prescriber
- Advertising for groups
 - Allowed to put leaflets on practice notice boards
 - Leaflets in waiting room area
 - Flyers in and around Ilkley and Wharfe area

Additional Clarification Sought

Dr Graeme Summers was asked to explain how patients presenting with Dementia at practice were sign posted to other services

Response:

- Sign-posted to Carers Resource who offer
 - Lunch clubs
 - Befriending services
 - Patients have face to face with Carers Resource (Fiona)
 - Patients have face to face with Social Prescriber

General Comments regarding session

- Why were there no social prescribers at the event
 - Felt this was a gap
 - Session hadn't been networked properly

What next?

As mentioned at the previous workshop, we are now exploring the idea of setting up a Well Wharfedale social enterprise to improve the wellbeing of the community by developing new ideas and building on initiatives that already exist.

We are still looking for people to volunteer as trustees for this social enterprise and we're planning to hold a meeting in January 2019 to further explore what this will look like, how it will work and what's required. If you're interested in coming along to find out more about being a trustee for Well Wharfedale then please email lisa.oldfield@awcccg.nhs.uk