Leicestershire County JSNA Engagement Report

Contents

Background

The Joint Strategic Needs Assessment (JSNA) is the basis for determining the key health and wellbeing challenges that are facing the population of Leicestershire.

The Health and Social Care Bill emphasises the importance of the JSNA as the starting point for strategy development and commissioning decisions. The Bill proposes the new statutory Health and Wellbeing Boards will:

- Oversee the production of the Joint Strategic Needs Assessment
- Develop a Joint Health and Wellbeing Strategy (JHWS)
- Develop joint commissioning intentions and ensure all commissioning intentions meet the needs identified by the JSNA and are in line with the JHWS.

Progress in Leicestershire

The Shadow Health and Wellbeing Board have overseen the development of a full refresh of the JSNA for publication in April 2012.

This will inform the development of the Joint Health and Wellbeing Strategy which will underpin commissioning of health and social care between 2013 and 2016.

The SHWB is currently reviewing the JSNA evidence to determine the key health and wellbeing priorities facing the health of the population of Leicestershire. As part of this prioritisation process the JSNA Steering Board undertook a series of engagement events to inform the strategic priorities that will form our final JSNA executive summary. This report summarises the findings from the stakeholder event held on the 29th March 2012 (invitation in appendix 1).

Public workshop

Stakeholders across Leicestershire were invited to attend a public workshop held on the 29th March 2012 at Parklands Leisure Centre, Oadby, Leicester. Invites were sent widely across Leicestershire and included key partners and stakeholders, the Local Involvement Networks (LINks), voluntary sector and community groups, and members of the public. All local MPs and the county council health overview and scrutiny committee were briefed and invited to attend.

The purpose of the workshop was to:

- Explain what the health and wellbeing needs of the population are
- Explain how we have determined what the key issues facing our population will be in the next 1 – 5 years
- Explain the role and purpose of the JSNA and

- Ask attendees for their help to prioritise from a list of potential health and social care areas for consideration

In total 110 people attended the workshop. Attendees covered a wide range of stakeholders including organisations, community groups, carers, patients and members of the public. A full list of organisations can be found in appendix 2.

Councillor Ernie White, lead member for health introduced the workshop and Dave Kirkwood welcomed people on behalf of Leicestershire LINks. Dr Peter Marks, Director of Public Health presented to the group before taking part in a panel to answer questions. The panel consisted of Councillor Ernie White, Dr Peter Marks, Sandy McMillan, Lesley Hagger and Gill Wollerton. The question and answers session was followed by two workshops which focused on determining the health and social care priorities of Leicestershire.

Towards the end of the session attendees were asked to write down any questions which were not answered for a written response following the workshop.

Following the questions and answers session, the workshop session was delivered in two parts. The first part asked for attendees to work together on tables to identify if there are gaps in the current plans as it is important that we understand why this should be a priority above something that is on the list. The second part asked attendees to discuss each highlighted priority facing the health and wellbeing of Leicestershire in the next 5 years.

The main feedback from session 1, resolving issues, focused on themes of multi-organisation collaboration, joined up working, communication and training. For each category, the group identified the following:

For increasing life expectancy and reducing health inequalities

- Focus on prevention
- Improved identification of needs
- Taking a ‘think family approach
- Take a holistic approach (don’t focus on condition, thing of all the needs)
- Promote healthy life styles educate people, and have free access to health facilities
- Mental health inequalities need addressing

For drivers of health needs

- Quality of life and life expectancy is important
- Financial availability of the area and the person is important
- Groups tackling the same problems need to pool funds
- Housing affordability is a big problem (many tables commented on this)
- The impact of the economic downturn is having a bigger effect on the poorer people
- There are bigger gaps in the service provision

For promoting healthy lifestyles

- Target vulnerable groups
- Educate people
- Have incentives such as free gym session
- Have signposting for better access to services
- Make use of community settings
- Mental health effects on healthy lifestyles, this needs addressing

For improving health and reducing health inequalities for children

- Educate in schools
- Have free swims again
- Teach healthy eating in lessons
- Early years support is essential to give children the best start
- Look at individual children's needs, not categorise all children as obese or disabled,

For improving health and wellbeing for older people

- Address isolation
- Whoever is the first contact needs to have the knowledge to assess needs and signpost
- Tearing is required for staff in contact to identify other needs
- Keep people out of hospital as long as possible
- End of life care needs careful consideration for the patient, carer and support a vailable to be identified

The feedback from session 2, has been simply provided in a list of the top ten priorities for the county, which are:

1. Improving health through smoking cessation and tobacco control, obesity and substance misuse including alcohol, for both adults and children and young people
2. Enabling children to start well through provision of maternity services (pre and post natal support), early years support, early intervention/prevention and continuing health programmes to develop well
3. Planning for an aging population, particularly the increase in the frail elderly population
4. Mental health
5. Adult prevention and early intervention
6. Reducing premature mortality from the major killers (cardiovascular disease, cancer, respiratory disease)
7. Identification of frail older people with long term conditions and their care needs
8. Targeting areas of socio-economic deprivation
9. Support for disadvantaged families and children at risk of poor health (including Children in Care and Leaving Care)
10. Supporting carers to continue caring

Comments included:

It is essential to get people to stay healthy, this can be done via education and prevention methods. Various prevention techniques were highlighted including in schools, using the media and utilising the voluntary sector.

Several areas of mental health were of concern including, adult, children's, dementia, and there are inequalities which needs addressing, the lifestyles (health, nutrition, drug/alcohol and physical patterns which affect mental health) and the over representation of some communities (such as Afro-Caribbean population) in acute setting but not enough support in the primary care setting.

When making plans, there were several ideas made including who to involve, such as Families, Carers, social workers and other partners to take a holistic approach, including that persons lifestyle. Prevention of ill health had several suggestions including promoting hobbies, having access to exercise and sports facilities, teaching healthy cooking and eating. Carers needs for many health areas needs highlighting, not only to support them but also to reduce them from ill health.

Education was commented on to support many of the 10 priorities, this needs to included an a number of the plans. Partnerships were also discussed including; NHS, local authority, police, probation, employment Department of works and pensions, schools, neighbourhoods, Voluntary and charities.

A full table feedback can be found in appendix 3 and additional comments made are available in appendix 4.

Over half participants who had attended thought he event was very good, and 16% thought it was excellent. 93% of people felt better informed about the JSNA and 59% think they now know quite a lot about it.

Summary

This engagement activity has gathered together a wide range of views, comments, suggestions and feedback which can be used to identify key priorities in Leicestershire, and develop the local JSNA for the next 5 years. A variety of qualitative and quantitative methods were used to gather the feedback from a large number of partners, organisations, community groups, patients, carers and members of the public.

The identified priorities for health and social care in the area in order are:

1. Improving health through smoking cessation and tobacco control, obesity and substance misuse including alcohol, for both adults and children and young people

2. Enabling children to start well through provision of maternity services (pre and post natal support), early years support, early intervention/prevention and continuing health programmes to develop well
3. Planning for an aging population, particularly the increase in the frail elderly population
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5. Adult prevention and early intervention
6. Reducing premature mortality from the major killers (cardiovascular disease, cancer, respiratory disease)
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10. Supporting carers to continue caring

Other key points to improve heath include; take a holistic approach, include all people supporting the individual, focus on prevention and lifestyle for all areas, educate people and train staff to improve services at the roots.

Recommendation

The engagement team suggests that the feedback collated during the workshop is used to inform the JSNA priorities. The feedback should also be used where possible, in the future planning or designing of health and social care services.

Appendix 1

Invitation letter

LEICESTERSHIRE Joint Strategic Needs Assessment EVENT

29th March 2012 1pm – 4.30pm
(registration from 12.30pm)
Parklands Leisure Centre, Washbrooke Lane, Leicester, LE2 5QG

We would like to invite you to the Leicestershire Joint Strategic Needs Assessment event.

This is your opportunity to find out:

- What the health and wellbeing needs of the population are
- How to access information on the health and wellbeing needs of the population
- How we have determined what the key issues facing our population will be in the next 1 – 5 years
- How this information will be used to inform the services that we provide for our population
- All about the Joint Strategic Needs Assessment (JSNA) and how it affects what we do

If you would like to attend, please respond to Amanda Watson detailing any requirements you have.
There are limited spaces available which will be allocated on a 1st come 1st served basis
Last date for places is 15th March 2012
We look forward to welcoming you.

Appendix 2

All Organisations

Please note that often more than one representative came from each organisation.

Blaby District Council
Blaby District Council Councillor
Care and repair
Charnwood Borough Council
CLAHRC Fellow for the WLCCG & GP Lead of the Good Thinking Therapy Service
Community Safety support
Hinckley and Bosworth Borough Council
Leicestershire and Rutland Sport
Leicestershire County Council
Leicestershire County Council children and young people's services
Leicestershire County Council Councillor
Leicestershire County Council Substance Misuse team
Leicestershire fit for work
Leicestershire LINk
Leicestershire LINk members
Leicestershire Partnership NHS trust
Leicestershire Police
Leicestershire probation trust
Melton Borough Council
NHS Leicester City
NHS Leicestershire County and Rutland
North West Leicestershire District Council
Oadby and Wigston Borough Council Councillor
Rutland LINk
Rutland LINk members
University Hospitals of Leicester NHS Trust
University of Leicester
Vista
Voluntary Action Leicester
West Leicestershire Clinical Commissioning group

Appendix 3

Feedback from the workshop

29th March 2012

TABLE 4

Drivers of Health NEEDS

1. Housing affordability and sustaining people at home.

2. Planning for an ageing population, particularly the increase in the frail elderly population.

PRIORITY 4

- Bullet point 3 is most important priority
- Clarity between bullet points 1 & 4 : should 4 be "supporting families with complex health needs", so it can be distinguished from general disadvantage
- Early support should be present throughout all priorities
- Need to target more, shift how resources are used towards early support and combat stigma
- Need to change behaviours and consider how services are presented/offered
- Transition important but not a strategic priority.

Other priorities

- What works? How do we find solutions and invest in them?
- Holistic approach
- Peer support
- Capacity build communities and individuals
- Economic downturn – less opportunity to influence
- Include reference to physical activity and mental health/well being in healthy lifestyles

TABLE 6 – 1

Adult Prevention/early intervention

- Our choice because it can incorporate other 3 bullet points

- Needs to broaden “prevention” to include
    - Obesity/physical exercise/healthy diet
    - Mental health/wellbeing
    - Tobacco control
    - Sexual health
    - Substance abuse

Term Prevention/early intervention is vague and needs to focus on early intervention through children and families.

- Need to make commissioners aware of exactly what term means
- Focus on assets

TABLE 6 – 2

Planning for ageing population should also encompass assets i.e. capacity of elderly to help others through voluntary sector etc.

Difficult choice re (4) (children) – do you target very small number of most needy (family with complex needs) vs broader support for all or wider group of disadvantaged children/families

Reducing \premature mortality equivalent to targeting vulnerable populations.

TABLE 5 : PROMOTING HEALTHY LIFESTYLES

- Mental health needs to be recognised as crucial to good health – both scale and inter-relatedness – with services + lifestyle behaviours.
- MH needs to be a cross-cutting theme
- Holistic treatment of mind and body – access to notes
- Critical role of family behaviour and peer pressure
- How do we evidence the worth of prevention and impact on outcomes?
- Impact of physical activity on school behaviour and education attainment (Physical Literacy Toolkit)
- Critical role of schools as a setting for health improvement – breakfast clubs
- Big mental health umbrella isn’t helpful – need to tease out conditions, influences, cultural influences – link with lifestyle behaviours.
- Need to recognise the role and impact of national policies and changes
- Need to unlock ‘social capital’ and the ‘self-help’ capacity of local communities
- Avoid labelling : e.g. of teenage parents
- Need to tackle silo working within health improvement.

(1) **Increasing life expectation and reducing inequalities**

- Helping people take control of the management of long term conditions

(2) **Drivers of health needs**

- Financial driver – driven by high spend/low numbers complex cases
- Tackling vested interests
- Shouldn't rely just on JSNA for all the picture – take a wider view
- How will the JSNA change things e.g. will commissioning really reflect other (non – CCG) views?
- Role of GP – gatekeeper/paternalistic model.

(3) **Improving health and reducing health inequalities for children**

- Tackling via "think family" approach
- Commit to long term commissioning plans

(4) **Improving health and well being for older people**

Key role of how information is 'targeted'

- Using different media's to deliver messages
- Making every contact county – training through a county hub
- Using clear non jargon language

TABLE 9

Improving health and wellbeing for older people

- **Identification**
  - Should we put dementia and older people together? (a+b together)
  - Carers doing such a good job – only identified at crisis point
  - Being put in one box by GP's – may have more than one condition
  - GP's need to be incentivised or penalised to identify – ***why should they need to be****?*
  - (1) It's not one organisations responsibility to identify the frail elderly and carers **–** Partnership working is crucial.
  - Varying level of service received – postcode lottery – no consistency.

- **Support for people with dementia and their carers**
  - How are they going to implement dementia strategy at ground level?
  - It's not just what they say, it's what they do!
  - Need more dementia advisors (like MacMillan nurses)

- Training for carers about dementia/coping strategies
    - A range of training methods – face to face not just web based
    - Terminology • educational sessions not training – part of dementia adviser role.
- Training for professionals/education for carers
- Age older carers looking after older people – increasing

- **<u>Supporting carers to continue caring</u>**
    - Need to be able to trust people, through having positive experience
    - Respite
    - Caring with confidence

- **<u>End of life care</u>**
    - The role, responsibility of carers/family members
    - What is the impact on them? (carers)
    - Better support/info re: the journey
    - Time needed for work with carers

1) **<u>Increasing life expectancy</u>**
    - Add adult mental health and children's mental health
    - Defining what long term conditions are – people don't know
    - You have to get to crisis point to get any help. If seen to cope less support available, pushed to one side.

2) **<u>Drivers of health needs</u>**
    - Housing and affordability – keeping communities together, extra c are –
        - LCC investment
        - Build purpose built villages
    - Offering a multi-layered choice
    - Been careful through life – no help when older. No benefit for paying into system?
    - Economy – national/local/personal – needs to be taken into account
    - What does the long term future hold? No-one knows – hard to plan.

3) **<u>Promoting healthy lifestyles</u>**
    - Terminology – obesity – discrimination – stops people going to GP?
    - Is it worth continuing to spend money on same old message.
    - Health checks – detailed • early diagnosis • early intervention – expensive but cheaper than paying for more treatment later.
    - Promoting – should be positive not 'NO' 'shouldn't' 'mustn't'
    - Educations ! Education! Education! – in schools children (compulsory) and parents – inc domestic science – cookery – healthy meals, learning to cook healthy cheap meals

- Underweight/dehydration in elderly
- Influence of media :-
    - Soap opera's – lifestyle they portray
    - Especially young people's role models

4) **Children**
- Need to work with the whole family (sometimes). Services for children and adults shouldn't be separate
- How do you break the cycle - educate at school but then go home - help with children drivers - help children decide what they want and help them to achieve it – does work better is whole family involved
- Encouraging disabled children – ability not disability – professionals need to encourage not limit. Special schools need to encourage them to work as don't at moment. Don't look at illness – look at person
- Supporting businesses to understand they can get help when employing.

TABLE 10
Session 1

Mental Health in older people

- Person centred
- Specialist needs – care into community reducing isolation – community based access to services
- Information exchange between professional
- Book with key contacts, advisors, community services, but with personal details too.
- Education in care homes
- Identifying carers
- Rural isolation – developing social capital
- People living alone – is living independently a good thing?

TABLE 10

Session 2

- Some will be difficult to tackle some issues through strategy such as child poverty
    - Must measure outcomes of intervention
    - Helping people to help themselves
      In (P1) d & e can be combined
    - Voluntary Organisations role
    - What's missing?
        - What about role of education?
        - Sense of community for young people

- Children – how about employment/volunteering/life skills
- Transport key issue
- Must invest in early intervention and prevention.

TABLE 12

Increasing Life expectancy and reducing health inequalities

- Long term conditions – upfront care plans which identifies what a patient needs to know with a clinician who has an overview of this.
- Targeting vulnerable populations with preventative intervention for the major killers in an accessible way
    - pharmacies, GP's need to play a bigger part in e.g. smoking cessation, pH interventions
    - holistic approach – patient participation groups getting involved to say what patients need from pharmacies/GPs
    - provide a first contact scheme to signpost patients to other services
- Biggest killer is cancer – is this due to late diagnosis. GPs should be supported to refer more often where cancer is suspected. Also linked to ageing population – will this increase cancer diagnosis.
- GPs ensuing they are referring for preventative services as well – improved signposting to e.g. exercise, smoking cessation
- More proactive system to get potential patients into services – preventative e.g. smoking cessation
- More accurate identification of those with need for services
- Socio-economic deprivation/poverty is the key driver for many of these issues – until we tackle this – sharing the good life
    - Raise this more often
    - Target resources in most deprived areas
    - Holistic approach
- Pooled resources across more organisations
- Socially isolated people who are not known to services – under the radar
- Identifying the people who are most in need
    - Socially isolated
    - Vulnerable populations
    - Targeting resources
- (3) Improving personal responsibility – taking your own health seriously
    - Ensuring people are educated that their care is their responsibility. Personalisation of care this should be social care as well.
    - Schools are very good in healthy lifestyle advice

- Older
    - Intergenerational work – interaction between groups to encourage learning e.g. in schools, libraries etc. to promote health messages
- Children
    - Leicestershire should abolish child carers! Disagree that this should happen, other support mechanisms should be in place.
- Carers
    - Training for carers – both in own homes and in services. Need adequate training.

- Children
    - What is the pathway for families with complex needs. How do identify these groups? E.g. housing needs, worklessness, existing health conditions (LTC, mental health, disability).
- Mental health
    - Complex mental health – wraparound services for mental health. Getting the right services and understand what is needed – having a care plan for both patient and carer if necessary.
    - We should ensure data outcomes are captured accurately to inform discussions and outcomes. Services/interventions should be evaluated.

1. Better promotion – diet (in terms of prevention) and exercise. Will have a wide impact across population

2. Prioritising older people and they carers

3. Issues around isolation of older people – no immediate carer

4. Celebrate being older – not negative

5. End of life care should be about decent care not necessarily the place (location)

6. Prioritise the role of the carer – young, old, whoever. Financial support as well as emotional/social support including respite care

7. Quality of paid carer – timed visits etc.

Start of a person's life
Early good health
Expectations and aspirations

Family interventions
Parent/Families
Education
Family and parent responsibility
Parenting skills
Role model

TABLE 11

Improving Health and Wellbeing for Older People

- Defining frailty and vulnerability – need to agree this • social care model – AJC – basic help with ADL
- Need to record frailty and vulnerability
- Frailty is not the same as vulnerability ("safe in society")
- Susceptible to catastrophic deterioration
- First contact • now about vulnerability – key means of identifying older frail
- Concerns around labelling people
- Prevention is key
- List of things that can be done – are there preventative techniques
- Need to ask what the gain is of identification – what is the offer?
- Frail old people need to be distinct from dying older people!
- Cure and care – appropriate care
- Home visits – number 1 priority
- Communication between GP, care home – MPTs integrated, health and SC

Improving Health and Wellbeing for Older People

- Lack of encouragement of young people with society
  - XS risk taking behaviour
  - Poor educational attainment
  - Need to take focus from rights to responsibilities
  - Increase young people's expectations and aspirations
- Isolation and loneliness
  - Housing to sustain people at home
- Prevention to promote healthy lifestyles
  - Need to retain within austere budgetary climate
- Safety, Quality, Dignity

TABLE 14

PROMOTING HEALTHY LIFESTYLES

- By tackling substance misuse impact on all other sub headings in section.
- Broaden out focus of the impacts alcohol can have on health, community safety, crime.

- Complex interplay of all factors
- Need for a co-ordinated approach
- Need to try and join up support and interventions
- Try to focus more into more local responses. Making use of that local community assets
- Bottom up approach, most D/C have a health and wellbeing forum.
- Lack of support/services 'early on' preventative
- Need to increase focus on prevention and early intervention
- Increase funding for above
- Getting people to recognise their responsibility in looking after their own health
- Support people to find their own feet
- Need to ensure all people can access
- Training people to 'see' understand wider issuing
- Encourage ethos of self support
- Focus on providing information so can pick up issues early on
- Target areas of deprivation
- Target particular vulnerable groups
- Areas of high incident
- Need to re-think future commissioning moving away from standard approach
- Important to demonstrate positive impacts – takes long time – need to recognise this
- Need to take long term approach to prevention, early intervention
- Need to focus on community/individual assets
- Drawing in employers
- Making use of 'community places'
- Health and Wellbeing Clinics
- Need to be more creative and imaginative

TABLE 14
Promoting Healthy Lifestyles

- Prevention and early intervention }
- Local response } Top 3 points
- Long term }
- Integrated approach
- Isolation

Second workshop
General point
Mapping out local services, identifying gaps, good sign-posting, where services are located

- Focus on early identification of disease and education
- Access to effective treatment – equity
- Research
- Reducing child poverty – looking at parents employment/skills

- Need to focus on the things we can make impact on.

TABLE 2

Drivers of Health

- Housing affordability – how to sustain low cost housing – Local Authority policies should address this
- Planning guidelines should address this
- Need to be part of promoting healthy lifestyles – diet exercise etc. Community involvement.
- Impact of economic downturn :-
  - Health impact assessments
  - Health needs of particular communities
  - First contact
  - Every contact counts
  - Volunteer orgs
- Disabled children and adults
- Impact on benefit cuts
- Inclusive sports club
- Look at gaps in service provision
- Loss of independence for disabled people reflect on mental health

Promoting Healthy Lifestyles

- People with mental health are often excluded more health promotion work to deal with this
- Signposting
- Expanding what is already available
- Mental health is an umbrella term we need to cater for differing mental health needs and differentiate between them. Use groups to come together and discuss what they want to happen. User groups can become support groups.
- Change in schools i.e. no statmenting of children with mental health/special needs (Notes 2)
- Lack of funding i.e . academies will have to buy in extra help/support
- Sharing of good practice to promote support and identification of children with mental health/special needs. Health authorities need to be aware and address this.
- Sexual health/teenage pregnancy
- Education

- Address why teenagers get pregnant i.e. needs more attention – identify vulnerable teenagers. Working with the whole family unit. School good starting point. Pastoral care/mentoring somewhere to go in confidence. Youth clubs; community activity groups.

Improving health and reducing inequalities for children

- Signposting
- Lack of support for children who leave care – at vulnerable age. Partnerships working to address this.
- Gap exists when transferring from children to adult services i.e. in housing – overcrowding in the family home – solution own house at 18 – may not be the right time to leave home, may still need support.
- Closing adult/social care centres. Closing of ????

TABLE 2 - 1

Q1

- Keep people out of hospital by preventing ill health to achieve life expectancy
- GO health referral scheme
- Walking groups
- Heartsmart out of hospital to work with specialists to increase fitness and life expectancy, swimming, walking
- Need primary care team on board
- Raise awareness on what is available out there. i.e. use health advocates to raise awareness
- Each district council runs health referral scheme – very inexpensive
- To understand the symptoms of heart disease – gender differences
- Good early diagnosis
- Looking at cultural and traditional needs of differences/understanding
- Should resources be targeted and populations we know which parts of the population are more affected.
- Child poverty – working with heads and key teachers to identify key families and deliver diet and exercise education. Support continuously over e.g. 2 years. Young people become healthier, better concentration at school, for example LEAP run by the council. Discounts for families to access exercise i.e. gym, tennis, bowls
- Needs commissioning to sustain and expand

Table 2 – 2 notes

- Look at existing good practice
- Child poverty – impact of cuts to benefit – affecting women and children in particular how we could help.

- i.e. develop local food co-ops at cost with café attached. Help with health i.e. physical and mental wellbeing
- Vulnerable groups i.e. domestic violence, gypsy/travellers, the homeless
- Identify where people go in their community – give information at that point – first contact, every contact helps
- Asylum seekers/refugees
- BME groups/Eastern European – English not first language
- Engage with groups
- Early intervention
- Impact assessment

How do we promote the services that are out there:

- Signposting
- Health lifestyles – intervention that promote this i.e. health referral scheme
- Integrated approach to care in the community avoiding hospital stays. Bridge hospital gap in community stay therefore increased.
- Scheme to target vulnerable families to support these families i.e. co-op with café. Pick school. Domestic abuse.

TABLE 1

1. **Government level needs to work with supermarket**
   - Self management education (LTC) is important for short term visit with health care worker – effective – not expensive
   - International leader (Leicester Diabetes Centre) and LLR has half heartedly taken this up.
   - COPD services similar education, to improve pt's GO consultation
   - Similar to expert patient programme – success in arthritis but not in diabetes. Open doors for some education services
   - East Mids education seminar to educate consultants but they don't know how to tap into these training programs.
   - Lack of awareness (of GPs) that there is support for education available.
   - Neurological commissioned funding has diminished substantially in last 3 years e.g. it took 4 years to get 3 neuro nurses for service.
   - LTCs and depression are linked e.g. diabetes education programs including depression management.
   - Reducing child poverty = environment employment (family) as result of environment. Teachers awareness
   - Child poverty and family poverty is strongly linked – can't do one without another
   - Health Service and council cuts

- Councils lobbying for sectors doing good in communities with low profiles:
    - Support young parents }
    - Summer schemes } support them
- LTC's in families also have knock on conditions – depression/poverty.

2. Increasing life expectancy reducing health inequalities

- Point 1 – CVD needs to include diabetes
- This seems to be about prevention – funding for prevention work is stretching the budget
- Mental health is not included
- Agency's need to work together
- "Smaller" issues are pushed down list
- Public eye conditions viewed higher due to public interest
- LTCs have small mention but is large issue (Neurological) less importance put into this, we want it up the list.
- DH has acknowledged this needs prioritising (audit report)
- Through new focuses • neurological is put down list
- In past neurological ?? put on back burner as thought as not a lot that can be done about it.
- Partnership working – PH must encourage this as it is so essential
- Carers and prevention are important. Children and diabetes are linked. Cannot lose sight these are linked not always 'chunked' as they have been.
- Reducing CVD/diabetes budget should be shared including private sector such as supermarkets etc. as value adding to their claim

3. NHS issue to provide self management

Support for prevention and support e.g. walking (Point 1)

- If you prevent obesity • can prevent CVD – COPD
- Motivate pts to help selves to reduce risk of CVD COPD etc.
- Carers are affected when caring for people with LTC's and can get depression
- Children need motivating to get exercise (not TV)
- Vulnerable people don't need anything different, just focus on how you will reach them – differently
- Signposting activity by LINK – first point of contact. GPs are the gatekeepers and don't know anything/where to refer services (Survey LINK 2011/2012). Need to feedback GPs about access especially vulnerable groups
- People don't know where to go to help themselves and rely on the GP/practice nurse
- Maybe train nurses for signposting LTCs

Our Priority

Management of LTC including non life threatening neurological conditions not to be marginalised. (the lesser known (not 'sexy')

TABLE 1 – WORKSHOP 2

2c. - has impact on all other elements – too broad.
- shortage of housing, jobs, cyp not getting jobs – it's a fact – but need to deal with local needs not bigger picture.

2. a. show starts
c. need to plan for each generation and forward planning health need
a. How can you plan for aging population if you don't know you will have the capital to support it.
d. Parkinsons is very specific to retired population. It is going to be an issue for some younger people.
1: soo – normal calculator
1: so - LLR 80+ (age)
a. Most important area of section 2.

3. The self motivation of children very important.
a. covers the most but all important.
d. covered by a. so can be discounted.
c. very important, can't be covered by a. but still linked.
c. large spectrum from depression to feeling 'low'.

4. c. very important for early years and support.
c. need to include programmes and education.
a. is included/linked with c.

5. a. needs to include complex care needs.
d. don't want to talk about it but it's important.
d. some people are whisked to A&E and die in hospital.
d. not enough information given to people about end of life.
a. needs to include carers – should just be older people not just 'frail'.
a. what's 'old' America = very old + 75 years.
a. should be level of need inc complex care need at any age. Can be fit over 75.
a. this changes through life – can get fit again then suddenly deteriorate quickly.
c. it's their choice of caring – some carers want SVC to do some caring or a level of the caring (non paid carers)
Add: In residential and nursing care – carers don't get proper training or paid enough.
- this reduces patients' dignity; need to value paid carers if they are to care for patient's effectively with proper training & support. Also, for domiciliary nurses.
Report – pay – don't include travel & extra time with patients.

3a. nutrition needs to be linked with obesity – a choice of nutrition options.

NOTES (1)

- Combatting stigmas
- Changing behaviours
- How services are presented/offered
- Clarity around definitions between bullet points 1 and 4 – needs 'health' added
- Transition important, but not a strategic priority – add to point 3
- Needs a shift in resources into early intervention/prevention – is the 'community' ready for this and how can we prepare them?
- Early support should be present throughout all priorities

NOTES (2)

What needs to be considered for residents in Leicestershire for each topic?

- What is already there?
- Sharing of data across agencies
- Access to services – this has to get better
- Need to use local knowledge more effectively
- Need to recognise young carers
- Need to think carefully – what is disadvantaged?
- Need to be more specific
- Need to acknowledge this is future population
- Predict future population, ie. disable children – important to know
- We need to ask families/communities what the solution are
-

NOTES (3)

- Mental health – how preventing (stigma)
- Timescale for strategy – consultable
- Prevalence of cancers (area)
- Children with complex needs – how will do things differently in future
- Commissioning – feed in influence

NOTES (4)

- Don't disagree with the priorities as listed with a couple of additions
- CYP must feature in the priorities; they become adults: public health messages to be appropriate for all CYP & families
- Greater respect and listening to what CYP are saying that they want

- People have already told us what they want
- Refer to emotional health and well being not mental health
- Don’t re-invent the wheel
- Ensure CYP have proper representation – Healthwatch

NOTES (5)

- Unlocking potential in local communities and inviting participation
- Seeing this as palliative in its own right

Appendix 4

Additional feedback left at the event

- Prevention and early intervention needs to maximise the opportunities offered by:
    - Health awareness education in schools
    - Use of the media to influence society
    - Harnessing the potential of the voluntary sector
- Utilising the benefits of physical activity to tackle a range of health priorities
- Reducing sickness absence in the workplace. To increase / maintain employment abd reduce additional costs to NHS. Leicester fit for work service happy to share data on sickness absence
- The measurement of health outcomes in our interventions and scrutinising variation in order to drive up standards (so that we do more of what works and fund it) - priority 1
- Addressing worklessness through provision of meaningful activity – priority 6
- Building lifelong purpose across the age spectrum
- Measurement of outcomes of cross agency interventions
- The importance of employment for physical and mental health, as well as reducing health inequalities. There is good evidence for the link between employment and good health
- Expectations and aspirations of people to be developed from an early age to enable a responsible approach to health – priority 2
- Involvement of young people in health and social care planning ie under 35
- Better availability of information and advice and reducing isolation
- Assets of the community
- Most of the above could be tackled better by ensuring the financial and social wealth in society is more equally shared
- Young carers
- Need to change the mental health agenda to say emotional health and well-being to try and reduce the stigma
- Early intervention and prevenntion
- Emotional health and wellbeing needs to be recognised not just those diagnosed with “mental health” issues. If people are “well” they are more receptive to becoming healthy
- Improved communication and sharing of information among agencies
- Localised solutions for local problems
- Encouraging commissioning bodies to work closely with LAs
- Mapping out of services available in local and county
- Adult mental health
- Childrens mental health
- Staying healthy in old age

- Universal prevention ill health / hobbies
- Lifestyle education – compulsory on school curricula
- More notice taken of the frail elderly in homes and hospital. They can actually speak for themselves if time is taken and planning for end of life
- Educate children to:
    - Cook healthy food
    - To learn what drinking too much can do and be shown a liver with cirrhosis
    - To learn what smoking can do and be shown a diseased lung
    - Etc
- Prevention and long term commitment
- Publicity and availability of services
- Nee d a shift of resources from treatment to prevention and a holistic approach at community level in the context of an approach which enables people to take personal responsibility for a healthy lifestyle.
- Start with good expectations and aspirations the rest will fall in place.
- Help people to achieve and maintain a healthy weight - dealing with obesity cannot be integral must be explicit.
- Integrated care/support for people with long term and/or complex conditions or disabilities ideally in their community (at home). REASON: better for the patient and also more cost effective.
- Early intervention and prevention is a key priority - along with adequate support for people with mental health - as an outpatient
- Known health inequalities for those with "severe" mental health problems and learning disabilities die younger.
- Embrace "no health without mental health" partnerships with police, probation, employment and DWP
- Targeting areas of socio-economic deprivation - commissioners should know the profile of the community, what their needs are and target resources to meet and accommodate them
- 5 e) to address the recruitment, retention and ongoing training of care working in residential, nursing care homes and domiciliary care services to improve quality of care and quality of life for older people
- Need to consider bigger questions such as are we committed to quality of life or extending longevity - that decisions seems to underpin other priorities and I would opt for quality
- Create a focus on neighbourhoods - listening to local people and understanding their experiences and needs. Recognise the cultural basis of mental health and lifestyles and not continuing with silo situations: i.e. seeing smoking, alcohol and drug use, nutrition

and eating patterns, physical activity and sport in isolation from the holistic nature of people and communities

- Support for young carers - awareness of issue in schools teachers given information/training to identify needs of young carers. Prevention of development into adult mental health due to stress of being young carers.
- A holistic approach needs to be considered on all the priorities, not just separate entities
- Mental health, mental health, mental health, cultural understanding is key and prevention before people get to crisis point
- Support carers and older people and other group people help in local area not to be lonely age
- Keeping people in their own homes
- More action within schools re: mental health, training teachers and carers
- Education - media, social impact. Government policy, schools and family. Looking into different cultural backgrounds influence the lifestyle in the long term.
- Prevention if the vital foundation work in the long term, the group should be include Government policy maker, education - media, social impact, schools and families. And looking into different cultural background influence the lifestyle
- Education to enable children at an early age to eat healthy and economically, know the reasons for not smoking and drinking sensibly and the outcomes of ignoring these
- Leicester for work team - reduction in sickness absence in the workplace. Happy to share data for inclusion in the JSNA
- Healthy lifestyle education in greater detail - compulsory in schools and home education
- Children's mental health
- Mental and local care people not be lonely
- Housing affordability and sustaining people at home
- Advocacy support in areas of health and social care for deaf people. Enable them to access information.