



Health Action Local Engagement
Healthy Living Project

City of Bradford MDC
www.bradford.gov.uk
Shipley Area Committee

Creative Health Solutions

Tackling health and wellbeing needs
in the Shipley area

October 2010



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Introduction

This report summarises the findings of HALE's research into perceptions of health and wellbeing needs in the Shipley constituency, and the Creative Health Solutions event hosted by HALE in October 2010.

It is intended to give an insight into the range of health and wellbeing issues identified as areas of need across the Shipley area, perceived gaps in current service provision (whether voluntary or statutory), ideas for addressing those gaps, and the challenges faced by voluntary sector organisations in meeting needs in Shipley.

The report is timed to feed into the Shipley Area Conference in November 2010, but we hope that it will also provide a useful resource for a wide range of organisations working on health and wellbeing issues across Shipley or Bradford, and for those commissioning health services in the area in future.

Background

Material for this report was generated in three ways:

Health and Wellbeing survey

A short, open-ended questionnaire was circulated in August and September 2010 to Voluntary and Community Sector (VCS) organisations working in the Shipley constituency with a broad health and wellbeing remit. Questions covered community and respondent perceptions of local health concerns, gaps in provision, potential solutions to these gaps and/or barriers to addressing need. The survey was also sent to Shipley GPs, Councillors, Parish Councils, Children's Centres, and Youth Services.

17 people responded to the survey, the majority (13) from VCS respondents. The majority of organisations involved had either a general Shipley remit or a wider Bradford remit, although 3 organisations focussed on specific communities within Shipley.

Creative Health Solutions event

The findings of the Health and Wellbeing survey were shared with key stakeholders at the Creative Health Solutions (CHS) event on 19th October 2010, in Shipley. This event aimed to create a space for VCS organisations to identify priority areas for action on health and wellbeing in Shipley, generate new ideas for addressing these areas, and build new partnerships with other organisations.

The event was attended by 17 participants, of whom 13 were from the VCS and four from the Local Authority. Presentation of HALE's findings was followed by an analysis of key health statistics for the Shipley constituency, presented by the Bradford Observatory, and two discussion sessions facilitated by HALE staff.

Bradford Observatory data

Data provided by the Bradford Observatory for this event, and downloaded from <http://www.bradfordobservatory.com>.

Health and wellbeing needs in Shipley

Two key issues of concern were raised by virtually all respondents to HALE's survey. Mental health was most widely cited, both as a general issue and more specifically:

- Depression, anxiety and stress
- Post-natal depression
- Isolation and loneliness (especially in older people, but not limited to this group)
- Dementia and Alzheimer's.

One respondent highlighted the disparity between the people services could current reach and the likely extent of isolation across the area:

“For all the clients who are identified as isolated/lonely, there must be many more who never receive help...”

Respondents across all geographical areas in HALE's survey also raised obesity, (lack of) exercise and poor nutrition as a key concern. The relationship between a limited income and inappropriate food choices was cited by a number of respondents. A lack of exercise facilities, widely available 'junk food', and mixed messages on what constitutes a healthy lifestyle were also seen as contributing to obesity in local communities.

Beyond these two key themes, the diversity of issues raised by respondents to HALE's survey was notable. Issues were often specific to the location or client group served by respondents. Some respondents also raised wider structural issues in healthcare, including planning and commissioning processes. A full list of issues raised is included in Appendix 1.

Data provided by the Bradford Observatory highlighted a number of health needs at constituency and ward level:

Childhood obesity – Year 6 obesity in the Windhill and Wrose area is above the national average at 23%, and has changed very little over the three years of measurement (2006-2009). Bingley also has high levels of obesity in Reception Year (11.2%).

Adult obesity – in the NHS Bradford and Airedale area, there are an estimated 88,000 obese adults and 137,000 overweight adults.

Smoking in young people – over 40% of year 10 pupils in Shipley report that they have smoked at some point.

Teenage pregnancy – while the Shipley constituency as a whole has the lowest teenage pregnancy rate in Bradford, Shipley East (which includes Windhill and Wrose) has one of the *highest* rates in the district (second only to Tong – see Figure 1).

Coronary Heart Disease mortality – Shipley is significantly about the district average at 1.5 per thousand population, and this figure has increased in recent years while the district average has decreased.

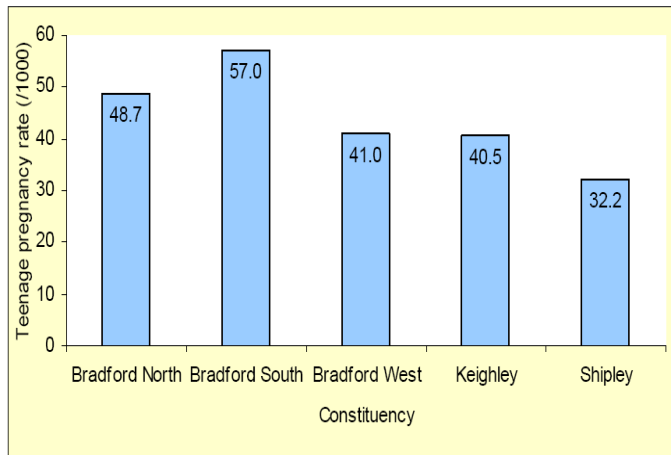
Stroke mortality – above district average in Windhill and Wrose.

Cancer mortality – above district average in Bingley Rural and Windhill and Wrose.

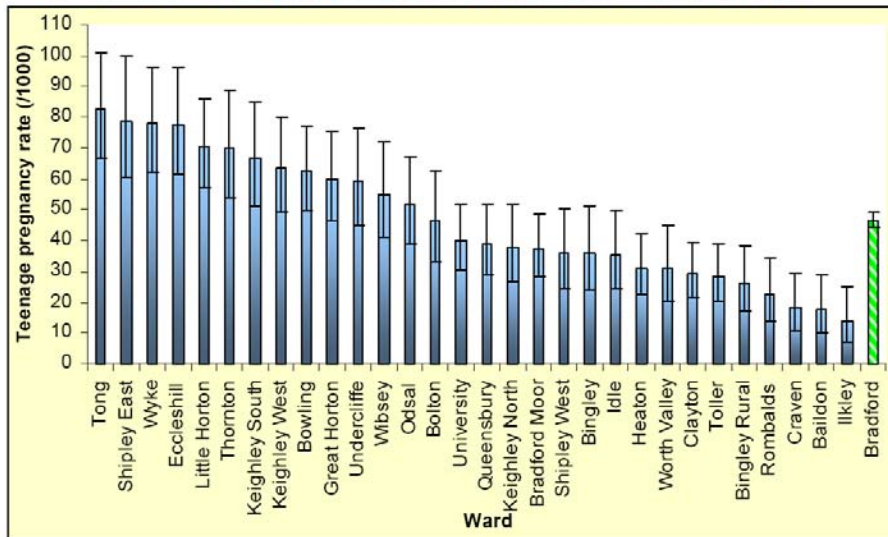
Diabetes hospital admissions – above district average in Shipley, at 1.2 per thousand population.

Figure 1: Teenage pregnancy rates at constituency and ward level

Constituency breakdown of teenage pregnancy, 2003-2005



Ward breakdown of teenage pregnancy rate and 95% confidence intervals, 2004-2006



Source: Bradford Observatory, 2010

Discussion at the Creative Health Solutions event built on the needs highlighted in the HALE survey and Observatory data. Mental health issues were discussed in depth, with a recognition that loneliness exists in every community, and that in many cases ‘low level’ mental health issues are not recognized by the person or the professional. While Alzheimer’s and other forms of dementia seem to be high on local and national agendas (and increasingly prevalent in the Shipley area), other mental health problems do not seem to receive the same level of attention from healthcare providers. One group highlighted the need to improve children and young people’s social skills and resources, in order to avoid isolation later in life.

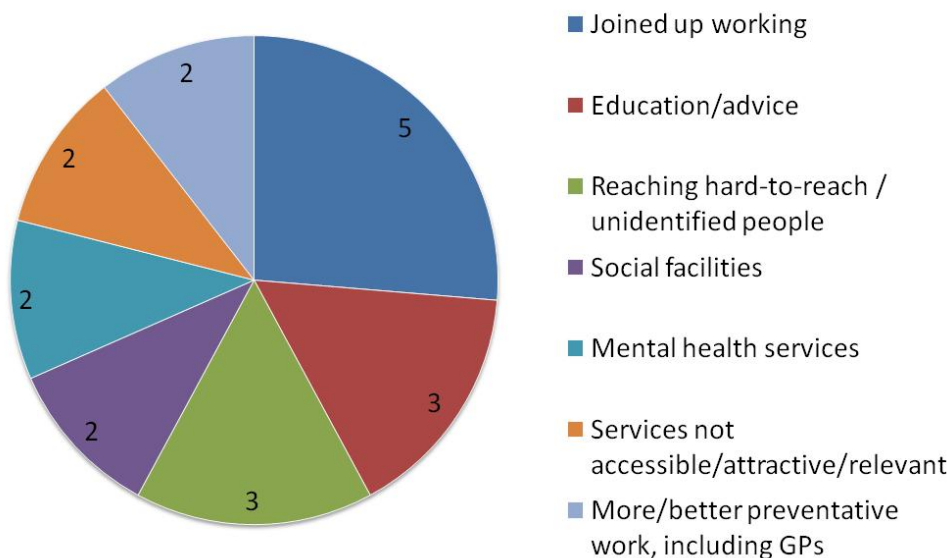
Many group discussions emphasised the inter-related nature of health and wellbeing issues in the Shipley constituency. Teenage pregnancy was identified as a driver of other health issues (both for parents and for children) and discussions around obesity focused on its link to diabetes and cardiovascular conditions. Participants felt that there was a clear need to address these issues through holistic education programmes enabling people to make informed life choices.

Gaps in service provision

Responses to HALE’s survey showed a clear lack of joined-up working between all types of agencies involved in health and well-being (see Figure 2).

Participants at the CHS event also focused on this lack of integration, in particular, gaps in knowledge of what other agencies were providing in the area. Many excellent initiatives are underway in the Shipley constituency, but it is difficult for organisations to keep abreast of the full range of projects and activities, and this can lead to fragmented working. Participants identified a need to further integrate activities and to develop joint funding bids, as a way to join up services and to strengthen the VCS’s position through a period of spending cuts and structural change in healthcare.

Figure 2: Gaps in service provision (more than one response only)



Source: HALE Health and Wellbeing Survey, 2010

Where effective services were already in place, respondents identified a need to ensure these reached a wider range of groups: either those not traditionally reached by health and wellbeing services, or those who were not traditionally identified as needing support.

Many gaps were also identified specific to client groups served by respondents, including:

- A lack of accessible or relevant services for lesbian, gay and bisexual older people
- A lack of in-home care or monitoring for older people
- A lack of specialist care in hospitals for people with learning disabilities.

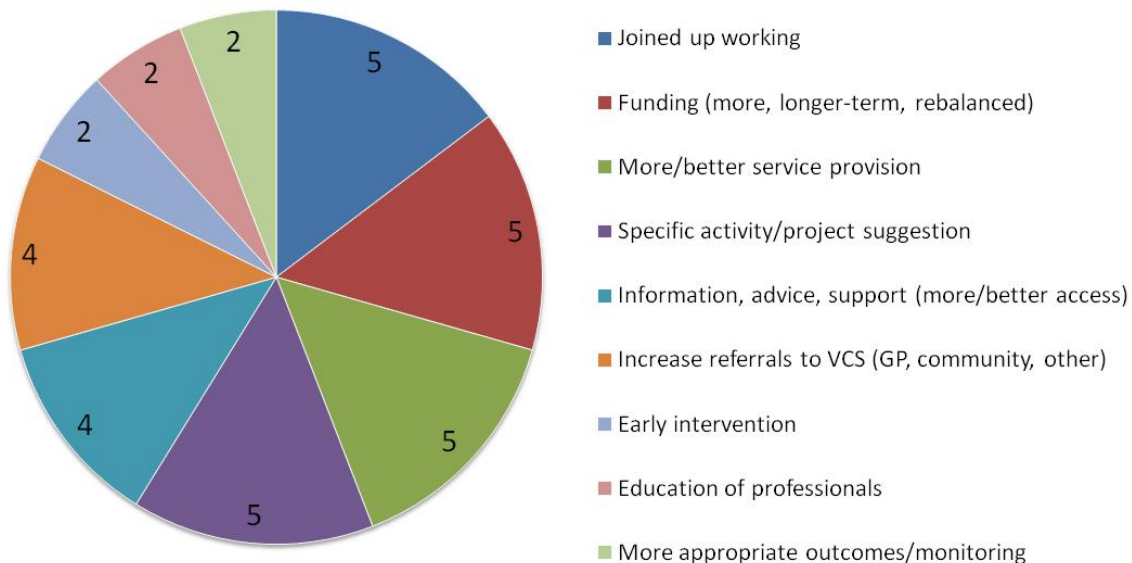
Some respondents also identified structural gaps within the health system: gaps between official targets and what actually constitutes effective healthcare, and gaps within healthcare planning and commissioning processes. This included a lack of cross-PCT working in areas which could benefit from access to facilities or services in a different PCT area.

Solutions

What needs to be done?

Respondents to HALE’s survey and participants at the CHS event identified a wide range of potential solutions to these needs and gaps. Once again, joined-up working was the top priority (see below), and the survey also indicated a common need to secure longer-term funding and extend and improve existing services.

Figure 3: Proposed solutions (more than one response only)



Source: HALE Health and Wellbeing Survey, 2010

Specific ideas for addressing health and wellbeing needs in the area included:

Mental health

- Expanding the work of HALE’s Networkers programme, which was recognised as having a strong positive impact on isolated people, but was also resource intensive
- Mental health ‘first aid’ courses for community members, giving them the confidence and knowledge to support people suffering acute or chronic mental health issues
- Earlier intervention once someone has been made unemployed, providing activities and volunteering work to help prevent depression
- Increased provision of day care for people with memory problems, including transport, to give carers some respite from their responsibilities

- Greater promotion of existing support schemes to increase referrals
- GP monitoring of older and isolated people, increased communication with nurses and social services, and advocacy for older people.

Obesity and related conditions

- Increasing efforts to education people about food and lifestyle choices, in an empowering way
- Learning from the success of commercial weight-loss programmes in attracting participants and facilitating behaviour change, and considering the use of target-setting to motivate weight loss
- Practical food, nutrition and diet support for overweight people
- Opportunities for a wider range of outdoor activities, including the development of self-managed allotment groups
- Prescriptions for exercise
- Creation of exercise facilities in areas currently lacking indoor or outdoor provision.

Holistic, preventative approach

- An increased focus on prevention and education – including education of professionals where appropriate
- Young people’s website or text service with information, advice and guidance
- Supporting families, not just individuals, to make changes
- Local community groups facilitating and encouraging wellbeing in a way tailored to the locality
- Training for community workers to help them empathise with disabled and elderly people.

Who can bridge the gaps?

The CHS event identified an extensive list of organisations who can work together to generate solutions to health needs in Shipley (see Figure 4).

Figure 4: Agencies identified by CHS participants (text size indicates frequency of mention)



Source: Creative Health Solutions group feedback to plenary, 2010

Participants also recognised that within communities there were pockets of excellent voluntary action, but that these needed to be supported and expanded to counter a shift towards individualism. A key strength of the voluntary sector was seen as its strong relationships with communities and clear understanding of need within those communities.

How can we best work together?

Participants at the CHS event suggested a network of health and wellbeing organisations to facilitate information sharing and integrated working. The network could fulfil a number of functions:

- Sharing information on evidence of need, current activities and projects addressing these needs, and ideas for future solutions
- Advocacy in support of VCS, at the local and regional levels
- Joint work to demonstrate the impact of VCS health and wellbeing work e.g. mapping social return on investment.

Participants suggested that infrastructure support organisations could play a central role in establishing such a network, including potentially adapting the Shipley area community network model currently facilitated by Shipley and Bingley Voluntary Services). For maximum impact, this network would need to be closely linked to the PCT (or, in future, Health and Wellbeing Board) and would need to be complemented by partnership at a higher level across voluntary and statutory organisations, to ensure that priorities are integrated and to enable joint funding bids to be developed.

Addressing barriers to change

HALE's survey identified three main barriers to achieving solutions to the issues identified across Shipley:

Funding – both a general lack of funding and, specifically, not having sustainable sources of funding to enable longer term work.

Comments from respondents included:

“I can't see where the next support will come from...”

“Providing funding for ‘sustainable’ projects is misguided without putting in place the mechanisms for it to sustain itself after the funding has gone”

Discussion at the CHS event suggested that a network of health and wellbeing organisations could facilitate the development of joint funding bids, ensure that the role of the VCS is acknowledged in new commissioning arrangements, and support organisations to demonstrate their value for money in future funding bids.

Resistance to change – in both voluntary and statutory providers, a lack of ability or willingness to think or act differently, or to form new partnerships. For GPs, a lack of time and subsequent inability to provide personalised care for patients was a particular issue:

“GPs actually listening to patients and wanting to find the solution for the problem, not just hand out pills or say ‘it's your age’”

Lack of sharing between organisations – as long as VCS organisations are working to different objectives and not sharing information effectively, this will present a significant barrier to joined-up working. One respondent suggested removing unnecessary or inappropriate targets and monitoring requirements, and instead developing a coherent focus on key outcomes across organisations.

Discussion of these areas at the CHS event raised two additional challenges, specific to statutory partners.

The role of **schools** in addressing children and young people's health and wellbeing needs was seen as crucial, but it was argued that schools are often isolated and focus on their educational (rather than community) role. Schools tend not to be represented in health and wellbeing networks and meetings, despite the fact that they work with the same service users as other agencies. This was in part attributed to schools not understanding the work of VCS organisations, an area which would need to be addressed by any future health and wellbeing network.

GPs were also seen as having a limited understanding of the role of the VCS, an issue which could significantly affect the sector once new consortia commissioning arrangements are in place. Participants emphasised the need for GPs to understand the value of the sector to the health of the nation and to their budgets – in particular, how the preventative work of voluntary organisations can keep patients out of their waiting rooms (since GPs will want healthy patients on their registers).

Financial data on costs saved by preventative work were seen as crucial here, and the Bradford Health and Wellbeing Partnership could support the VCS to produce this type of information. It was also suggested that VCS organisations could raise their profile and feed into commissioning priorities through patient liaison organisations, since GPs have a duty to listen to and respond to their concerns.

Next steps

The research, opinions and ideas shared at the Creative Health Solutions event were intended as a starting point for developing more effective, joined-up health and wellbeing work in the Shipley area. In a changing NHS and Local Authority context, and with wider social and health impacts of the Government Spending Review yet to emerge, organisations will need to continue to adapt their strategies, diversity funding sources, build partnerships with other agencies, and track changing needs in the communities they work with.

Participants at the event agreed that further discussion was needed once the outcomes of PCT funding decisions and the NHS White Paper had become clearer, in order to plan how a health and wellbeing network could address the information and service gaps within Shipley. This will be scheduled for January-February 2011, and it is hoped that a broader range of voluntary and statutory organisations will be represented at the next meeting, to begin to build the partnerships that will sustain our work in the future.

If you would like to attend the next Creative Health Solutions event, please contact Anna Laycock on anna@haleproject.org.uk

Appendix One

Health concerns identified in the Shipley area

Concerns amongst the community	Response count
Mental health/depression/anxiety/stress	16
<i>Dementia/Alzheimer's</i>	3
<i>Isolation/loneliness</i>	3
<i>Post-natal depression</i>	2
Nutrition, exercise, obesity (general)	9
<i>Income-related food choices</i>	2
<i>Obesity-related health conditions</i>	2
<i>Lack of exercise facilities</i>	1
Drug abuse	4
Access to health care - time/location/ease	2
Alcohol abuse	2
Cancer/fatal illnesses	2
Carers	2
Limited transport	2
Obesity-related health conditions	2
Sexual health	2
Smoking	2
Age-related health conditions	1
Child health	1
Communication with medical staff (people with learning disabilities)	1
Cut backs in support services (older people)	1
Fear of rejection or harassment (LGBT people)	1
Financial abuse (older people)	1
Grooming	1
Health conditions (general)	1
Healthcare planning	1
Lack of regular check-ups	1
Loss of independence/capacity to look after self	1
Not knowing enough	1
Overstretched GP services	1
Self-esteem/respect	1

Continued overleaf

Concerns amongst respondents	Response count
Mental health/depression/anxiety/stress	18
<i>Isolation/loneliness</i>	6
<i>Dementia/Alzheimer's</i>	2
<i>Lack of mental health services</i>	1
<i>Post-natal depression</i>	1
<i>Self-esteem/respect/confidence</i>	1
Nutrition, exercise, obesity (general)	11
Drug abuse	3
Access to health care - knowledge, relevance	2
Age-related health conditions	2
Alcohol abuse	2
Communication with medical staff	2
Financial abuse (older people)	1
Lack of dental treatment (people with learning disabilities)	1
Lack of spiritual element	1
Limited transport	1
Loss of independence/capacity to look after self	1
Mixed messages on healthy lifestyles	1
Poor housing	1
Sexual health	1

Source: HALE Health and Wellbeing Survey, 2010

HALE (Health Action Local Engagement) is a healthy living project working across Shipley, Frizinghall, Bingley, Baildon, Wharfedale, Windhill and Wrose areas. HALE was set up in 2003 and became an independent charity in 2008.

HALE works on four key issues: mental health, obesity, sexual health and oral health. It offers a range of workshops and outreach activities and was recently awarded a GlaxoSmithKline IMPACT award in recognition of its outstanding health work.

The Creative Health Solutions event was organised by HALE with funding support from Shipley Area Committee.

If you have any questions about this report or would like any further information about the report, please contact Anna Laycock on 01274 271 088.

www.haleproject.org.uk

If you would like to receive a copy of this report in large print, please contact HALE on 01274 271 088. An audio version can also be provided on request.