

Introduction

This paper summarises feedback received at the Health and Wellbeing Stakeholder event held on 29th May.

During the event stakeholders were asked to consider the emerging priorities for the Health and Wellbeing Strategy and note what worked well, what could be improved, what they would prioritise and how they could contribute.

The feedback is collated under the emerging priorities:

- Preparing for an older population
- Reducing health inequality
- Improving mental health and intervening early
- Enabling all children and young people to have the best start in life

Although each priority area was discussed separately, some common themes and key points did emerge. These are:

- Intervene below the threshold level and work with lower level needs, to prevent situations from worsening and hitting crisis point.
- Coordinate services better, increase the sharing of assets, resources and budgets between organisations.
- Services need to work in collaboration if they are going to tackle multifaceted health and wellbeing issues, especially around mental health.
- There should be more integration between children's services and adulthood services, especially at ages 16-18 years.
- Awareness does need to be raised around mental health, dementia, carers and young carers.
- We need to consider who gives health messages and where support is offered. People need to relate to the messages and the support needs to be relevant to their everyday lives.

Recommendations

- The Board is asked to consider the feedback from the stakeholder event and to use this information in developing and shaping the health and wellbeing strategy.

Preparing for an older population

Communication and engagement

- Increase older people's awareness of the social and physical activities available to them and their importance in preventing illness and aiding recovery.
- Deliver an extensive and innovative communications campaign raising awareness of dementia, identifying early signs, what can be done and what support is available
- Implement a communications campaign raising awareness of unpaid carers
- Provide health education, information and promotion in places where old people go (not just in health settings) e.g. supermarkets, bingo halls, libraries etc. or at more general community events.
- See older people as a positive resource to improve health and wellbeing – recognise their contribution – they aren't a 'burden'.

Workforce

- Plan and develop the older people's care workforce to prepare for an ageing population by:
 - Communications campaign promoting health and wellbeing professions
 - Supporting workforce development for health and wellbeing service providers
 - Encouraging providers to sign up the living wage

Access and inclusion

- Improve frequency and access of public transport to residential areas
- Improve footpaths outside of the city centre

Integration and collaboration

- Roll out Neighbourhood Care Teams across the City, if successful commit to long term through pooling local budgets

Reducing health inequality

Communication and engagement

- Take a community development approach targeting communities with poorer health outcomes. Interventions would need to be co-designed and not prescribed by professionals.
- Use innovative ways to communicate positive health messages – reconsider the traditional approach communicating health messages.

Workforce

- Encourage York to be a Living Wage City - all organisations on the Health & Wellbeing Board commit to implementing the Living Wage.
- Encourage employers to create more supported/phased work or learning placements for those who are long-term unemployed / have poor health outcomes.
- Encourage providers to employ people from within the community they are providing for (e.g. geographical / demographic / need) to make services representative of the people they're serving.

Access and inclusion

- Consider how and where support is offered and by who. People don't want be patronised and need support offered which is more relevant to their everyday lives.
- Consider the health and wellbeing implications of the welfare and benefits reforms – the impact on housing, debt, homelessness and social inclusion.
- Improve spatial planning – and its impact on health and wellbeing. Consider a health impact assessment on capital/ development projects.

Integration and collaboration

- Extend Westfield pilot to other localities or communities of need providing a holistic local advice service engaged with the community
- Invest in specific support for people to access income and manage their finances where there are gaps for particular localities with low health outcomes.
- Consider investing in collaborative health programmes, but for the long term, such as Altogether Better, MEND or HEAL.

Improving mental health and intervening early

Communication and engagement

- Deliver extensive communication campaign raising awareness and reducing stigma of mental health, with particular focus employers and schools. This should focus on promoting good mental health rather than avoiding mental health problems.

Workforce

- Introduce workforce programmes for employers for 'well at work' - training for managers to increase awareness of mental health/ stress.
- Introduce a 'local qualification' to recognise wellbeing/ mental health skill sets.

Access and inclusion

- Increasing access to opportunities such as sports, learning and the arts – these positively impact on mental wellbeing.

Integration and collaboration

- Map alternative support to medication available for people with low-level mental health conditions. Provide training and toolkits for professionals on dealing more holistically with low-level mental health.
- Develop longer term mental health services – problems cannot be solved quickly. Issues are complex and cannot be dealt with by silo working – collaboration should be improved.
- Increase mental health support for 16-18 year olds – current provision is not sufficient.
- Create a Transitions Nurse role to support transitions between children's and adults mental health.
- Increase resources for prevention – funding counselling services (particularly voluntary services) in the long term will save the NHS money.
- Improve the consistency of the coordination of mental health services to allow more effective signposting.

Service specific

- CBT (cognitive behavioural therapy) is a helpful early intervention but 6 NHS sessions is not enough.
- Review thresholds of care for mental health so effective interventions are provided at each level, especially to prevent conditions escalating.
- Expertise should be brought into schools to complement PSHCE – mental health toolkits are being developed for schools. Schools have a major responsibility in young people's mental wellbeing.
- Have a designated independent welfare officer in schools, accessible to all young people – a confidential service, not run by teachers.
- Increase the priority and prevalence of Aspergers and Autism services.

Enabling all children and young people to have the best start in life

Communication and engagement

- Provide more information about health and wellbeing in schools. Have a range of services available in school settings.

- We need more baseline data – more engagement with children and young people. We should understand their levels of activity and other health behaviours and consider the right methods and preferences to engage them.
- Increase marketing of the Change 4 Life information, especially around nutrition.

Parenting

- Create additional programmes of support for parents (pre-birth to teenage years) and offer relationship support: Nutrition; Relationships; PHSE; Peer / mentoring support; Short courses not labelled which cover a range of topics - avoid stigma

Access and inclusion

- Encourage take up of a young carers card in all schools so they are aware of any issues affecting the young person and can respond sensitively/ appropriately.
- Increase the access to and use of the voucher scheme for free vitamins/ nutritious food through health visitors and other agencies – there is low take up in York.
- Reduce the cost of transport for young people, 16-18 year olds. They need transport to access education/ training – currently they pay full fare.

Integration and collaboration

- Extend the Westfield pilot to other areas to provide a holistic local advice service within the community.

Work with schools

- Improve PSHE lessons and health education generally in schools. Rethink the content, the way they are taught and involve other agencies in delivery – this should not be delivered by teachers or school nurses.
- Use peer mentoring – older pupils mentoring younger children in health and wellbeing.
- Provide free school meals at colleges – to provide those from poorer backgrounds with nutritious meals.
- Ensure all free school meals are healthy and work to increase their uptake.

Other

- Targeted work is important, but don't forget those just above the threshold.
- Improve mapping of data of 2nd birth / teenage pregnancies to enable better targeting of services.