Health Improvement Partnership Board

This sheet must be completed and attached to the front of all papers to the Health Improvement Partnership Board so that the paper is submitted is one continuous document.

Date of meeting: Thursday 25th Sept 2014

Title of report: Public Involvement Network Report

Is this paper for:	Discussion	Decision	**Information x**

Purpose of Report:

To update HIB on main areas of focus, highlight key issues and messages from the public to inform the board and to identify forward activity.

Action Required:

Impact on Public:

Authors:

Aziza Shafique and Paul McGough
HIB PIN lay representatives

Aziza Shafique – summary

1. **Asian Women's Group Healthwatch Oxfordshire (Separate report)**

2. **Asian Community Women's Group Research Focus Group for Public Health**

   Six focus group meetings with Asian women group - held in Children's centre in Rose Hill and Cowley.

- 42 women were over 40 and under 60 years of age
- 39 women had not heard of NHS Health Check and had not been invited
- Very high diabetes levels identified: 31 women out of 42 - had type 2 diabetes, and were on medication for it – so therefore were not eligible for NHS Health Check.
- All of the women had family members over 40 years of age and said they had not received an invitation for health checks
- The discussions led in to individual GP attitudes to their patients and health advice they receive.
- A need for dieticians was identified to work in communities offering advice and information on diets: e.g. sugar, salt, and fat content of food – and strategies to modify food and ingredient choice whilst keeping food tasty. The idea of cooking demonstration was repeatedly raised.

The main discussions

These centred on how much preventative measures are in place by Public Health. Women were concerned that not much active preventative measures were in place. (i.e. awareness and access to them was low)

Themes: Lack of information, lack of women only facilities are a cause for concern in community – discourages participation in exercise and so contributes to disease and long term illness – associated with overweight and diabetes - heart disease and stroke.(Need to Link to Healthy Weight Strategy)

Conclusions

1. This needs a cultural change on how services are delivered for example make sure patients attend six months diabetes check up appointments - as well as arrange general women's wellbeing clinic - to assess their overall health and wellbeing, giving advice, offering practical recommendations accordingly.

2. A culture change for each individual family - with the support of the nurse and dieticians

3. A community approach to how health issues and messages get across

4. Public Health Education in appropriate community facilities – geared to women with families.

Paul McGough - Summary

- **NHS Health Checks** – (refer to 2 separate summaries - one from Aziza (above) the other from Paul. (**refer to Appendix 1**) NHS Health check awareness event).

- **Mental Wellbeing Community Forum** – a follow on event is being planned - to the Muslim Faith & Wellbeing Workshop (held at Regal Community Centre 29th April). Planning meeting being set up by Chairman of Community Forum to meet with Dr A Hameed Latifi – Consultant Psychiatrist (Afghanistan). **Aziza Shafique** & **Paul McGough**.

- **NHS Health Checks (subject to discussion) may be included as part of the same meeting above – if so it may become a Mental Wellbeing and Physical Health Forum?)** Possibly with GP speaker alongside Psychiatrist. Plus open forum to probe issues – including improving uptake and delivery of NHS Health Check service.

- **Health Inequalities - Donnington Health Centre & Rose Hill Development Consultation meetings held** - with NHS England Thames Valley Area Team, Oxfordshire Clinical Commissioning Group, the GP Practice, Community Forum representatives. **Key issue** centres on community need for **Urdu speaking GP**. **Next steps** – **Workshop** to be arranged in autumn by Thames Valley Area team - to which minority ethnic groups and stakeholders are to be invited – including Public Involvement Network and community representatives.

- **Older People's Partnership Board - Open meeting on Integration of care -** attended 3 June 2014– (minutes available through Lynn Smith; Oxfordshire County Council)

- **Public Forum - for Patients and Carers to discuss dementia and mental health services** in North Oxfordshire Locality Group (Chipping Norton) & **focus on how to create dementia friendly communities**. Attended 18 June.

- **Housing Related Support** – **Workshop 29th May** - Health Improvement Board proposal – discussion in closed meeting.

- **Healthy Weight Strategy Workshop** – attended 2nd July

- **Oxford University Hospitals – Oxfordshire County Council - Joint Public Health Steering Committee** – 24th July Attended 1st meeting (refer to forward activity section)

- **Infection theme – Antibiotic Resistance – Health Protection Research Unit - Research Priority Group** –. Reviewed research business plan, grant applications, attend Management Group and Public Patient consultations.

Forward plan:

Core activity:

- **PIN Transition to Healthwatch – future role and responsibilities to be re-defined** (discussions underway)

- **Asian community follow up projects**

- **Housing related support**

- **Older People: Frail elderly pathway, Dementia Friendly Communities**

- **Participation in Public/Patient Group – Infection Research Theme (ongoing)**

- **Oxford University Hospitals – Oxfordshire County Council Joint Public Health Steering Committee - Strategy and action plan implementation.**

  Priorities Team & committee):- (for Aug Sept Oct) for discussion/report in Nov:

  - Getting the health improvement advice centre up and running;
  - Developing business case for a public health function at OUH;
  - Developing a consultation proposal for identification of longer-term priorities; and
  - Identifying opportunities in the next commissioning round.

- **Donnington Health Centre Rose Hill Developments Workshop** (autumn)

- **Input into Health Inequalities Commission**

Other activity: not Public Involvement Network

- **OUH - National Patient Staff Survey programme – Patient Public**
- **Procurement Working Group – Patient Public representative** - to review & select service provider
- **Patient leadership Task and Finish Group -** purpose is to steer the development of within OUH Trust, Oversee fact finding work about the PPI groups. Set the future partnership agenda – i.e. how the public/staff work in partnership to improve services both at clinical service level and strategically within the Trust (plus additional remits & responsibilities)

Appendix 1.

Summary: NHS Health Check awareness event: Madina Mosque Friday 25th July

- **Estimated some 350 men and boys** attended the mosque prayers **(no women)**
- **I'd prepared a one page brief for Mosque Chairman** - describing what Public Involvement Network rep did, why I was there, and gave a little background on the NHS Health check
- **No exhibition stand was available** – so I brought along my own flip chart with some basic bullet points – plus a table. Set up outside the Madina Mosque entrance and used this to raise awareness and as prompt to discussion
- **Numbers attending Mosque** - of the 350 or so folk who we greeted - I estimate we probably **spoke to about 80-100 or so**, who were in the right (40 -74) age range and eligible for the NHS health check
- **of which we spoke to 39** in sufficient detail, for 2 or 3 minutes - about the NHS health check.
- **Those who <u>were sure</u> they had received invitations, 10 men, and those who hadn't received an invitation - and we reckoned should have - from what they said about no underlying illness - was 29 men**
- **The awareness event was a success – many very good discussions** - we have since had further good feedback via the Chairman.

Conclusions:

1. **There was approximately a 1 in 3 uptake from the invitations** received (from the sample who definitively responded when asked the question, "have you been invited for an NHS health Check" with some clarification about any relevant ongoing illness - of those that confirmed they had been invited but didn't take up the offer (no numbers were recorded) - it was noted that the younger ones 40 -50 range who hadn't taken up the offer to attend - ***because they assumed they were healthy!*** The older ones tended to go - or were already in the health system for other ongoing reasons and were therefore not recorded as a "yes" or a "no". **It was the Chairman who made this valuable observation** about the younger 40 - 50 range not taking up the offer so well

2. **This underlines the value of working in partnership with faith communities on health and social care issues.**

Lessons:

- **Importance of having the Mosque Chairman there** - **Rapport** was instant - knew many personally - inviting folk over to talk, asking whether they knew about the NHS Health Check - pointing to the flip chart - we asked their age when we felt we needed to – and quickly got into conversation - typically for 2 to 3 minutes each engagement. Working as a pair it worked very well.

- **Vital to have had the support of the Imam** ahead of the event and on the day - he made a point of greeting us at the beginning and at the end – in front

of many - which was very much appreciated and contributed to the success.

- **A small exhibition stand would have been very useful** - **with key messages** alongside my personal flip chart and table with leaflets (The URDU was most popular plus English - some Bengali taken).

Discussion:

- **95% of the discussion and advise was about NHS health check** - but inevitably folk ask for some personal advice sometimes too. I kept it general, not personal, and encouraged those with specific concerns to go see their GP.

- **We briefly discussed the NHS health check - what it covered** - why it was good to have it - often I focused on diabetes saying this **is a silent illness** (a higher incidence in Asian community) saying that it often goes undetected for a while – mentioned the checks - blood pressure, family history, some lifestyle questions, a blood sample to check for diabetes and cholesterol, increased the risk of heart and vascular diseases - like stroke – if untreated –

- **Mentioned the NHS Health Check only took 20-30 minutes.**

- **Highlighted benefit of having NHS health check**, to pick up any illness early – so <u>you</u> can alter things <u>in your life</u> - <u>before</u> you do damage <u>to your</u> health and wellbeing - we gave a brief outline of some consequences of diabetes, if left undetected - heart disease, risk of stroke, kidney disease.

The Next steps:

- **There was some interest shown** (in ad hoc conversations when asked) **in favour of GPs coming out to the community to give a NHS Health Check talk** (and also about the possibly of providing NHS Health Checks in a community setting - these will be explored further)

- **There was definite interest** (from community leaders: Mosque Chairman and Imam) **in holding a follow up Community Forum - focused on Mental Wellbeing**

Appendix 2. Key messages from Public Forum - Patients and Carers discussing dementia and mental health services: North Oxfordshire Locality Group (Chipping Norton):

- **Most of dementia care is provided by relatives (estimated 90%)**
- **Uncertainty expressed on how GPs enable access to mental health and dementia support services** – The group felt this could (and should) be addressed and more work was needed on the detail of the referral pathway - and on the obligations of health and social care staff to identify and support Carers and patients.
- **Not just the responsibility of GPs -** it is multilayered, family, neighbours, Carers, Church, Age UK Mind etc. Police Community Support officers. **All Carers and support groups need greater clarity on their respective roles in relation to dementia - to help identify and signpost people to appropriate services** – keep it as simple as possible – when signposting - (not multiple) telephone numbers. Named person take the lead where appropriate and arrange support from others.
- **There is under referral to specialists** – Group not clear why - perhaps fear - avoidance of diagnosis – of getting labelled - or lack of awareness?
- **Needs a clear well publicised strategy** (a national dementia strategy was published in 2009) – however Groups were not clear on who is responsible and how to access dementia services.
- **Needs a mapping exercise** (working with stakeholders and GPs to coordinate and integrate health and social care elements of strategy and plan – care pathways, socialisation and stimulation (enjoyment).
- **Part of dementia plan will need to include outreach services** – i.e. services coming out to the community - working closely with carers - delivered at home or close to home - so there's less need to travel for dementia and other services (cancer, diabetes, heart - combined with appropriate home based e-monitoring.) integrate with domiciliary care.
- **Discussed importance of planning now for the demographic changes of elderly population with co-morbidities**
- **Social isolation** - stimulation is an issue; need to think through how to integrate services – to create local dementia support systems and networks.
- **Pivotal role of charities** in linking services – good example given of Age UK connecting people to **Community Information Network** – a new service to share information and identify people who are isolated / lonely and need help with 'little' things. Mentioned how they will assist people by providing a greater level of access to existing services, onward referral to statutory services and improvements in social contact for isolated individuals.

- **Carers Oxfordshire** – Can give a grant to Carer to have break away – "respite care for the carer" plus someone to take care of the family member. Described as "magical"

- **Face-to-Face social engagement essential** - valuable role of Cafe's, Pubs, Theatres (especially matinee sessions), some good examples mentioned – of Art clubs (use of creative activities to stimulate and engage - activities based; music, drawing, painting and memory club.

- **Integration issue:** Some good activities are reported to be taking place – but at local community level there is lack of clarity and awareness of Dementia services and support available for individuals and families. – **It is perceived to be disconnected**.

- **Oxfordshire Rural Communities Council project:** Oxfordshire Dementia Community Learning Partnership has funding for a 12 - month project **to develop Dementia Friendly Communities across Oxfordshire**. Working with Oxfordshire communities to develop volunteer-led community learning and action groups. **Looks like an excellent initiative.**

- **Questions: Who is (are) responsible and accountable for integrating all dementia initiatives**, such as Dementia Friendly Communities project - with other initiatives – to ensure access to services and community support? For delivering a coherent and integrated dementia health and social care programme?

- **Who is (are) responsible and accountable for monitoring implementation tasks and activities -** Who's responsible for co-ordinating and spreading Dementia best practice? Who's accountable for ensuring support gets to affected people - and Carers in need of support? For the creation of successful Dementia Friendly Communities and support services?

- **Request:** these questions are answered and disseminated to health and social care professionals, voluntary organisations and community networks **for communicating to the 'would be service users' in the community. Because based on this Chipping Norton Public Forum meeting – although evidence of some good initiatives - clarity of understanding and integration is currently poor.**