

In sickness and in health 2004



**A COLLABORATIVE EVENT FOR EVERYONE INTERESTED AND
INVOLVED IN THE HEALTH AND WELLBEING OF PEOPLE
LIVING IN THE HIGH PEAK AND
DERBYSHIRE DALES**



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Executive Summary

In Sickness and in Health 2004 was held in July 2004 and attended by 75 delegates representing health interests in the voluntary and statutory sectors in the High Peak and Derbyshire Dales. The event built on an event held the previous year and the resulting report. The aims of this event were:

- Promote a greater understanding of the essential role played by the voluntary sector in meeting the health and social care needs of individuals
- Work with our statutory partners to identify gaps in service provision and explore ways of overcoming these gaps
- Identify barriers which prevent the voluntary sector and the statutory sector working together to meet the needs of the community, and seek ways to overcome these barriers

Two well received case studies, 'Citizens Advice in Rural Practice' and 'Community Support Referral Scheme' set the scene for the group discussions. Groups were asked to identify issues which hindered partnership working or take up of services and consider both the barriers and solutions to these issues. The issues which arose were:

- Relationship between voluntary sector and health professionals
- Communication and information issues
- Funding and resources
- Structural and practical issues

Delegates were then asked to identify gaps and unmet needs which impacted on health in its widest sense. These fell into 4 main categories:

- Mental health
- Housing
- People who are older or who have special and additional needs
- Advice, advocacy, support and counselling services

Ideas were prioritised by all the delegates and those with specific interests signed up to development groups to be taken forward by lead organisations. The development ideas are:

- Referral service
- Supported accommodation
- Smoke free High Peak
- Communication and information

The report identifies in greater detail the issues to be taken forward. The lead organisations are identified and welcome support from people who were unable to attend the event but would like to be involved in the development groups. A report on the progress of these groups will be compiled next year followed by a final event to be held in May 2005.

***In Sickness and in Health
was funded by the
High Peak and Dales PCT***

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'In Sickness and in Health 2004'

a collaborative event for everyone interested and involved in the health and wellbeing of people living in the High Peak and Derbyshire Dales

The Background

In March 2003 funding was provided by the High Peak and Dales PCT to facilitate dialogue between the voluntary and statutory health sector in the High Peak and Derbyshire Dales. The project has been managed by the Derbyshire Dales CVS and High Peak CVS.

'In Sickness and in Health' was launched with a meeting of representatives from the voluntary sector involved in health issues. Following this event a report was circulated to members of both the voluntary and statutory sector. It was decided that the follow-up event should include both sectors so that together issues could be addressed and solutions conceived.

The aims of In Sickness and in Health 2004 are:

- Promote a greater understanding of the essential role played by the voluntary sector in meeting the health and social care needs of individuals
- Work with our statutory partners to identify gaps in service provision and explore ways of overcoming these gaps
- Identify barriers which prevent the voluntary sector and the statutory sector working together to meet the needs of the community, and seek ways to overcome these barriers

The Event

On July 13th. at Cliff College, Calver seventy-five delegates were welcomed by Kate Smith, Chair, Derbyshire Dales CVS and Dianne Jeffrey, Chair, High Peak and Dales PCT. The delegates represented a wide range of organisations and included those with strategic responsibility as well front line workers. Approximately a third of the delegates were from the statutory sector.

In their welcome address both made reference to the value of partnership working. There was recognition that the voluntary sector provides professional expertise particularly in working with disengaged people. Dianne Jeffrey suggested making use of shared services so that 'we can really demonstrate we add value whilst at the same time assisting each individual organisations to achieve its targets'.

Both speakers emphasised the opportunity this event provided to identify barriers which prevent optimum cooperation between sectors as well as gaps in service provision. Kate Smith summed up by calling for commitment to take identified priorities forward so that 'in a year's time we can see the results of our work and make sure today has really meant something'

Two case studies set the tone of the day:

- 'Citizens Advice in Rural Practice', presented by Julie Hirst, Assistant Director of Public Health, High Peak and Dales PCT
- 'Community Support Referral Scheme' presented by Gill Geddes, Bureau Manager, Ashbourne Volunteer Bureau

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The Case Studies

'Citizens Advice in Rural Practice'

Julie highlighted the main determinants of poor health:

- Poverty
- Un- and underemployment
- Poor housing
- Low educational attainment
- Poor social networks (isolation)
- Poor access to services

To start to address these factors the PCT working with the High Peak and Mid-Derbyshire Citizens Advice Bureaux began negotiating with GP practices to provide CAB sessions in GP surgeries. Seven years later the benefits are clear and quantifiable. In 2002-2003 2176 patients were seen and 4618 problems dealt with. The cost of the service was £95,487, per enquiry £20.68 and the total Benefit gains £520,089.

Local stigma free access provided many benefits including measurable health gain, informed and empowered patients, reduction in visits to GP and efficient use of primary care premises.

However success came slowly, it took seven years to achieve full coverage and five years before the 'tipping' point was reached.

Julie identified some important lessons which were learned and which will be relevant to any new projects which result from today's event. They are:

- Seek an evidence base
- Start with a pilot
- Identify champions
- Demonstrate leadership and enthusiasm
- If you believe in your project, be persistent!

(The transcript of this presentation is available on request)

'Community Support Referral Scheme'

The Community Support Referral Scheme puts patients in touch with the non-clinical support that is available to them from the voluntary sector. It was introduced on a pilot basis to the two Health Centres in Ashbourne in late 2001, and has since been extended to include all health centres in the Derbyshire Dales & South Derbyshire PCT's catchment area.

Ashbourne Volunteer Bureau provides the service in partnership with the Health Centres and health professionals. The scheme is responsive, each referral is treated individually and the help accessed can vary greatly. Some examples to date have included help in accessing:

- advice and information services
- transport schemes – community bus services, voluntary car schemes for medical appointments
- carers' support – access to carers' networks, meetings and support organisations
- self-help groups and social groups
- telephone contact or home visits to reduce isolation
- childcare
- practical help such as shopping, gardening and minor DIY tasks

The service is open to anyone, young and old, but is initiated by referral from the patient's GP or other member of the primary care team.

The service is free, confidential and friendly. The information given is treated in the strictest confidence, and contact with third parties is only made with the permission of the patient or service user.

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Key benefits of the Community Support Referral Scheme

- Improves patient independence
- Adapts to the patient's needs.
- Locally based in Ashbourne,
- Helps the support services reach those who really need their services.
- Enables gaps in service provision to be identified and recorded at one central point.
- Is simple and quick to complete and has been designed to take as little of the health professional's time as possible.

The scheme has tremendous potential. It could greatly enhance the services provided to the community and is delivered at a very low cost - but it does require a serious commitment to partnership working from health, social services and the community and voluntary sectors.

Currently the scheme is not getting the anticipated referrals and some primary care professionals are not yet persuaded that it is safe, reliable and will deliver what it promises.

The scheme will eventually be extended to self-referrals. The general public already have confidence in the services provided by Ashbourne Volunter Bureau, the growing number of self-referrals into the Voluntary Car Scheme and Readycall service evidences this.

Gill concluded by thanking the DD & SD PCT for having confidence in the scheme and continuing to support it and recognising that the experience of the Citizens Advice project indicates that commitment and persistence are needed to ensure a successful outcome.

The workshops - their aim

To identify barriers to cooperative working and gaps in service provision and discuss ways of overcoming these. Health and wellbeing were to be interpreted in their widest sense.

The Format

Each of the nine groups was composed of a mix of delegates both geographically and by sector. Each was supported by a briefed facilitator. Each group was asked to briefly develop 2 project ideas which would be taken forward to the full group of delegates. Similar ideas were grouped together and delegates asked to vote for those they would like to see developed further after the event. In order to avoid duplication and to promote partnership working, where appropriate, these development proposals will be linked with existing initiatives.

The following is a brief outline of the different points raised through the workshops.

A. Barriers and solutions

The individual workshops were asked to identify the barriers and issues which prevent partnership working or the uptake of services. Those identified are grouped in five main areas. Each perceived barrier is followed by ideas to resolve it:

1. Relationship between voluntary sector and health professionals

Barriers

- Lack of trust, understanding and confidence in the different sectors and competition between sectors leading to territorialism, protectiveness, fear, concern about own survival, demarcation and suspicion, inequality

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and lack of time to change this.

- Statutory sector fear and concern of voluntary sector being ‘amateur’, using volunteer counsellors, fear of litigation etc
- Voluntary sector concerns over capacity and resources to reach government standards

Solutions

- Training opportunities and information shared across the sectors.
- Increase awareness and understanding through joint working on specific projects.
- ‘Shadowing’, having a nominated link person to the voluntary sector in each statutory team, have a voluntary sector ‘Champion’ and engage frontline staff in project planning and development as early as possible.
- Use the Local Delivery Plan to work together, build evidence, profile work of the voluntary sector and provide reassurance that the sector wants to deliver complimentary services not duplicate or take over existing services.

2. Communication and Information – impacts on partnership working and uptake of services.

Barriers

- Communication across sectors, within sectors and within organisations. The amount and complexity of information and projects and services may cause additional difficulties
- Health professionals, voluntary sector and local people lack awareness of what is actually available leading to poor signposting

Solutions

- Voluntary sector representatives invited

to GP Practice and other health worker meetings to promote services and exchange information.

- Use the NHS Choice Agenda to increase support for information and advice.
- Link to PALS to provide improved integrated services.
- Educate young people and communities in the value of services and ways to use them.
- Voluntary sector improving their marketing and showing how the sector could improve statutory efficiency and know where to take projects forward.
- and offering more joined up and linked events.

3. Funding and resources - impacts on partnership working and uptake of services.

Barriers

- Voluntary sector has finite resources. Funding is often too short, complex and restrictive and does not allow for projects to grow to maturity.
- Rural nature of the area increases service delivery costs and the perception of affluence in the countryside leads to inappropriate funding.
- Organisational capacity is affected by and impacts on the ability to market services, overcome red tape and bureaucracy, employ staff, recruit and keep volunteers and pay for training.

Solutions

- Draw in large charities to deliver services in the area and develop consortia to allow different groups to cover separate elements of projects.
- Develop more flexible and longer funding periods, use the resources of

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economies of scale, link to existing provision e.g. High Peak and Dales PCT providing HR and payroll to Homestart, use NHS monies to backfill the time taken by health staff to attend events and meetings which build working relationship between sectors.

- Exchange skills to increase marketing and promotion, use public health expertise and arenas to identify issues and request projects to come forward and develop asset transfers by DCC.

4. Structural and practical - impacts on partnership working and uptake of services.

Barriers

- Different organisations have different boundaries and problems occur in sharing information across organisations because of confidentiality and data protection.
- Geography and transport
- Other problems - representation, attracting partners, prescriptive services which are not needs led.

B. Gaps and unmet needs

The individual workshops were asked to identify gaps and unmet needs regarding services which impact on health in its widest sense. These fell into four main categories:

- **Mental Health** . A lack of day care, drop-in centres, support and services for those with a range of mental health issues in a range of ages.
- **Housing**. A lack of general, supported, follow on, sheltered and specific housing for the elderly, young people particularly those with disabilities, people with special needs and learning disabilities, single whites males and

those who have experienced domestic violence.

- People who are older or who have special and additional needs. Lack of home care and palliative care, rehabilitation programmes and social and leisure activities for older people.
- Advice, advocacy, support and counselling services. Lack of Relate or similar mediation service, counselling services, alcohol support services, CAB services. Advocacy for people with learning disabilities and older people. Homestart in the Derbyshire Dales, Volunteer Bureau in central area and Age Concern befriending service in the Darley Dale and Matlock.

C. Ideas for further development

The following is a list of suggestions to overcome the barriers and unmet needs. Those in italics were prioritised by groups for further discussion and are recorded in greater detail below.

1. Communication and Information

- Establish an organisation/fund to act as a joint voluntary and statutory sector organisation one stop shop for sharing information and training opportunities – does LSC do this? Avoid duplication.
- *A research type project to illustrate the difficulties of communicating with health professionals*
- *Accessible information*
- *Better communication between sectors and with the public – more joint working on specific projects*
- *Sharing practice and learning*
- *Health professionals & voluntary/community sector event or information fair where people could drop in and find out about a range of voluntary sector services etc.*

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2. Accommodation

- *Work with statutory agencies to illustrate the need for appropriate accommodation for people with special needs.*
- Develop support for young people moving from supported situations to the 'outside world'
- Deaf awareness training for residential homes

3. Referral systems

- *Central Referral System – a self referral leaflet with information in GP surgeries and elsewhere – referral sorting base with Volunteer Bureaux and Volunteer Centre and database in surgeries so that individuals and GPs can find suitable services. Develop referral scheme in Bakewell and New Mills*

4. Other projects

- Volunteer Bureau for central area
- CAB outreach in Southern Dales
- *Making High Peak smoke free*
- Homestart for Derbyshire Dales
- More community car schemes
- Extend Age Concern's befriending service to Darley Dale and Matlock
- Sustain Glossopdale Furniture Project

D. Prioritised development ideas in detail

Referral Service

Two workshop groups generated this idea and the following are the details from both groups.

Name: Central information and referral service

Aim: Creating a single point of contact for individuals, GPs and other professionals.
To enable anyone in the community to access support and services they feel they need.

Issues: Develop the Volunteer Bureaux and Volunteer Centre to deal with referrals, this needs long term funding and evidence of need.

Create a relationship of trust and confidence between statutory professionals and key voluntary sector organisations.

More information and with more detail than HPCVS database provides.

Accessible – not just the internet

Lead: High Peak CVS will initially lead this project.

Partners: SPODA – Emily Clarke
New Mills Volunteer Centre - Dorothy Scapens
Derbyshire Dales CVS – Beth Laurence
Older Peoples Congress – Robin Seal
Grapevine Project – Satu Slater

Supported Accommodation

Accommodation and housing were raised as ideas by many workshop groups.

Name: Supported Accommodation

Aim: Supported accommodation for young people, disabled and non-disabled, providing life skills/independence training.

Issues: This idea needs to link with other forums and groups who are already working on it to avoid duplication.

Lead: High Peak CVS will initially lead this project.

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Partners: The following were suggested -
Local Authorities
Housing Associations
Social Services
Night Stop
Connexions
DCIL
PCTs and Voluntary Sector

The following signed up

DCIL – Chris Hughes
High Peak Nightstop – Sarah Gabriel
Derbyshire Autistic Support Group – Lorraine MacAlister
AIM – Rob Hanlon
High Peak Community Mental Health Trust – Sarah Males
High Peak Community Learning Disabilities Team Social Services – Tracey Longden.

Smoke Free High Peak

This was only raised by one workshop group and was not amongst the ideas with the highest votes. However the motivation of those in the group which suggested means that they are going to take it forward.

Name: Smoke Free High Peak

Aim: Smoke Free High Peak

Lead: High Peak Borough Council – Ben Williams

Partners: High Peak CVS – Di McIntyre
High Peak and Dales PCT – Gill Crudzinska, Julie Hirst, Diane Jeffrey

Communication and Information

This was an area touched on by most groups and covering a wide range of concerns and ideas. The initial meeting will need to differentiate between the issues and agree a focus for development

Name: Communication initiative

Lead: Derbyshire Dales CVS

Partners: Angela Andrews, Age Concern; Ben Williams, HP Borough Council; Beth Lawrence, DD CVS; Bunny McCulloch, PPI Health Forum; Caroline Mean, Homestart (HP); Cathy Ayrton, HP Befriending Service; Colin Hulley, HP Hospice Care; Diane Stratulis, Social Services; Dianne Jeffrey, HP&DD PCT; Emily Clark, SPODA; Helen Davison, DARP; Jenny Downes, Social Services; Jonathan Wicksteed, DRCS Trustee; Judith Morris, Alzheimers Society; Lorraine MacAllister, Derbyshire Autistic Support Group; Margaret Cole, First Taste; Pam Cohen, DDCVS; Rachel Cartledge, Phoenix Enterprises; Robert Bonsall; Sarah Males, HP Community Mental Health Team; Satu Slater, Grapevine Project; Sue Howard, Buxton VB; Thelma Wadsley, Rural Stress Information Network; Tim Broadley, HP&DD PCT; Tony Okotie, HP CVS; Sarah Paisley, DD CVS.

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Next Steps

The four development proposals identified above are being taken forward by the lead organisations. An interim report will be sent to all delegates in January 2005 and feedback given at the final 'In Sickness and in Health' event which will be held later that year.

This report will be circulated to organisations that were unable to attend the event with an invitation to those who are interested to join any of the development teams. A copy of the report will also be sent to Peak Partners for Rural Action.

Appendix one: In Sickness and in Health 2004 Evaluation

Evaluation sheets were completed and returned by 45 delegates. A review of the responses provided the following information:

Venue. Location 60% thought this excellent and a further 24% very good
Car parking and access were seen to be

very good or excellent by 67% and 71% respectively

Refreshments were considered to be excellent by 24%, very good by 27% and good by 27%

Timing of the event. Five people found the early start inconvenient

Displays. These were well received and it was generally felt they made a valuable contribution to the event. Only five people said they did not find out about any new activities, four of these were from the voluntary sector

Aims of the event. The contribution made by the event towards fulfilling the main aims. Twenty-four people thought it did so to some extent, twenty people thought it did so to a great extent. Several people commented that it would depend on future outcomes and others commented that more time for discussion would have been useful

On being asked how it had contributed most responses related to networking, meeting, talking, learning from each other and having a mix of delegates from the voluntary and statutory sectors

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Appendix two: In Sickness and in Health 2004

At the event held on July 13th 2004 the following people were present:

Name	Organisation
Angela Andrews	Age Concern D & D
Ann Sullivan	CAMTAD
Ben Williams	High Peak Borough Council
Beryl Holt	Carelink
Beth Lawrence	Derbyshire Dales CVS
Bunny McCulloch	PPI Health Forum
Caroline Mean	Home Start (HP)
Cathy Ayrton	High Peak Befriending Service
Chris Hughes	Derbyshire Coalition for Inclusive Living
Chris Townsend	Connexions Derbyshire
Colin Hulley	Blythe House - HP Hospice Care
Dena Tomlinson	DD&SD PCT
Di MacIntyre	High Peak CVS
Diane Stratulis	Social Services
Dianne Jeffrey	HP&DD PCT
Dorothy Scapens	New Mills Volunteer Centre
Elaine Handley	ND Alcohol Advice Service
Elaine Wachlarz	DCC
Emily Clark	SPODA
Esther Jones	High Peak CVS
Fran Child	Wirksworth Care Centre
Gill Geddes	Ashbourne Volunteer Bureau
Gill Grudzinska	High Peak and Dales PCT
Heather Clifton-Smith	M Derbys CAB
Helen Bailey	DD&SD PCT
Helen Davison	Domestic Abuse Reduction Partnership
Hester Messom	Derbyshire Dales CVS
Janet Dring	Chesterfield PCT
Janet Smith	Derbyshire Dales CVS
Jeff Marsh	B&E Community Transport
Jenny Downes	Social Services
John Hobson	Royal British Legion
Jon Taylor	N Mills Volunteer Centre, Comm Member
Jonathan Wicksteed	DRCS Trustee
Judith Morris	Alzheimer's Society
Julie Hirst	HP&D PCT
Kate Smith	DDCVS
Kevin Fradley	Ashbourne Community Transport
Kevin Skingsley	High Peak CVS
Lol	Derbyshire Coalition for Inclusive Living
Lorraine MacAllister	Derbyshire Autistic Support Group
Louise Conway	Early Years & Childcare Service
Louise Warren	CAMTAD
Margaret Cole	First Taste
Margaret Walker	Rural Stress Information Network
Marika Rajah	High Peak Borough Council
Marion Fuller Sessions	Derwent Rural Counselling Service
Martin Williams	Wirksworth Care Centre

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Name	Organisation
Neil Moulden	Derbyshire Dales CVS
Nick Oddy	B&E Community Transport
Pam Cohen	Derbyshire Dales CVS
Pat Shelswell	HP& D PPI Forum
Patricia Leake	DDCVS Trustee
Penny Kill	Crafts in the Forest/Eyam Together Creates
Rachel Cartledge	Phoenix Enterprises
Rhona Rawson	Derbys Dales Crossroads
Richard Waterhouse	
Rob Hanlon	A.I.M. (HP)
Robert Bonsall	
Robin Seal	Older People's Congress
Saira Saddel	South Derbyshire CVS
Sarah Gabriel	HP Nightstop
Sarah Males	HP Community Mental Health Team
Satu Slater	Grapevine Project
Sharon Hewer	
Steve Warwick	Derbyshire Aftercare Service Manager
Sue Glossop	PPI Health Forum
Sue Howard	Buxton VB
Sue Washington	DD&SD PCT
Teddi Carlson	Derwent Rural Counselling Service
Thelma Wadsley	Rural Stress Information Network
Tim Broadley	HP&DD PCT
Tony Okotie	High Peak CVS
Tracey Longden	Social Services
Zan Hurst	North Derbys Voluntary Action

Acknowledgements

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The Planning Group for In Sickness and in Health was:

Margaret Cole, First Taste

Marion Fuller-Sessions, Derwent Rural Counselling Service

Gill Geddes, Ashbourne Volunteer Bureau

Zan Hurst, North Derbyshire Voluntary Action

Julie Hirst, High Peak and Dales PCT

Di MacIntyre, High Peak CVS

Hester Messom, Derbyshire Dales CVS

JonTaylor, New Mills Volunteer Centre Committee member

Copies are available in larger print or in other formats. Please contact:

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