North Somerset Council

REPORT TO THE PEOPLE AND COMMUNITIES BOARD

DATE OF MEETING: 30TH JANUARY 2017

SUBJECT OF REPORT: CONSULTATION FEEDBACK ON DRAFT P&C STRATEGY

TOWN OR PARISH: ALL

OFFICER/MEMBER PRESENTING: NATALIE FIELD

KEY DECISION: N//A

RECOMMENDATION

The Board is requested to:

(1) Review the summary of consultation feedback
(2) Agree further changes to the strategy in view of the consultation feedback
(3) Agree for the summary of changes to be made public in order to provide feedback to consultees
(4) Approve the strategy, subject to final approval of amendments in March

1. SUMMARY OF REPORT

The attached information (see below) provides a summary of the consultation feedback for consideration by the Board. The extensive feedback reflects a good degree of stakeholder engagement throughout the consultation phase.

2. POLICY

N/A.

3. DETAILS

The Officer Support Group (OSG) will:

3.1 Collate recommendations from the Board for changes to the strategy;
3.2 Provide a response to consultees on the changes agreed;
3.3 Work with other theme leads to amend changes agreed by the Board and to agree further minor clarifications arising from a review of the detailed feedback. The Director of Public Health will have oversight of the amendments;
3.4 Circulate the final draft strategy to Board members by email in early March to request written comments/amendments;
3.5 Make any further changes to the strategy before issuing the final strategy to the Board by email prior to its next meeting on 27 March 2017, where the Board can accept the final strategy;

3.6 Undertake an Equalities Impact Assessment of the strategy for review by the Board.

3.7 Work with a North Somerset Council (NSC) Business Intelligence lead, to be identified by the NSC Head of Performance Improvement and HR, to develop measures and reporting mechanisms for the impacts and outcomes contained in the actions.

4. CONSULTATION

See summary consultation feedback attached

5. FINANCIAL IMPLICATIONS

Consideration needs to be given to the financial implications of substantial changes to the strategy.

6. RISK MANAGEMENT

N/A

7. EQUALITY IMPLICATIONS

An Equalities Impact Assessment of the strategy will be undertaken by the Officer Support Group.

8. CORPORATE IMPLICATIONS

The strategy contributes to the aims of the NSC Corporate Plan and the Plans of a range of partner organisations.

9. OPTIONS CONSIDERED

As contained within the report.

AUTHOR

Lodee Dudley, NSC Consultant in Public Health, 18 January 2017

BACKGROUND PAPERS

People and Communities Draft Strategy: Consultation Feedback

The Draft P and C Strategy used for the consultation
People and Communities Draft Strategy: Consultation Feedback

1. Introduction

1.1 This report details the outcome of the consultation undertaken on the Board’s draft strategy between 07.11.16 and 12.12.16

1.2 The process was agreed by the Board following recommendations from a consultation sub-group. The consultation questions were placed on North Somerset Council’s eConsult system. All member partners of the Board were asked to promote the consultation and seek the views of their key partners and stakeholders and a range of groups were attended to invite discussion and feedback about the strategy.

1.3 There were 15 responses to the eConsult questions. Information about the characteristics of responders was limited as most people did not respond to these questions. 4 respondents identified themselves as responding as an individual, 2 as a local, multi-agency group response (Early Years Strategy Group and Heart of Weston Initiative) and 1 as an organisation (Wanted not Wasted).

1.4 Feedback was also was given by the following groups: Big Worle; North Somerset Council Health Overview Scrutiny Panel and a combined meeting of Scrutiny Panel representatives (Adult Services and Housing Policy and Scrutiny Panel, Children and Young People’s Services Policy and Scrutiny Panel, Community and Corporate Organisation Policy and Scrutiny Panel, Health Overview and Scrutiny Panel, Strategic Planning and Economic Development Policy and Scrutiny Panel). North Somerset Council Older People Champions Group; Senior Community Link; North Somerset Voluntary and Community Sector Health and Wellbeing Forum; Older People Transformation Advisory Group; North Somerset Clinical Commissioning Leadership Group.

1.5 Twenty-four pages of feedback was collated, with some groups providing detailed feedback. This attention to detail reflects the perceived importance of the strategy in delivering its intended outcomes.

1.6 In order to assist the Board in reviewing the wide-ranging feedback received, the Officer Support Group (OSG) has identified key questions for the Board to consider in relation to the draft strategy presented in section 2, pages 1-6 of this report. It was also felt important to present more detailed feedback to enable Board members to have a comprehensive view of responses. This is provided in section 3, pages 7-15.

2. Summary of Key Issues from the Feedback

This section includes questions and possible responses for the Board to consider in relation to the key themes that have emerged from consultation.

2.1 Equality issues and the need to be ‘inclusive’ tended to be raised under specific themes – particularly for young people and thriving communities. These are presented by theme in section 3 (3.1.4 and 3.4.3). Issues which can be considered cross-cutting were: diversity not being explored sufficiently within this paper; and lack of explicit reference to specific groups requiring consideration - Eastern European families, non-EU population, LGBT, BOME and Gypsies and Travellers. A recommendation was also
made for more user engagement to collaborate on planning and implementation to ensure we are not discriminatory in our approach.

Q. The views of the Board are welcome in relation to equalities comments.

Q. Does the Board support the suggestion to monitor the impacts of actions on groups including those with protected characteristics?

<table>
<thead>
<tr>
<th>2.2 Principles page 4</th>
<th>Feedback on existing principles</th>
<th>Potential response/ review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reducing inequalities</td>
<td>Three comments about this sounding like it is being proposed in order to save money rather than due to genuine concerns. A further comment suggested this should reflect the commitment to reducing barriers to access services or engaging with communities</td>
<td>Rephrase to make explicit the importance of addressing inequalities beyond economic gains.</td>
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<tr>
<td>Digital</td>
<td>Two comments concerned about digital communication – inaccessible to those who can’t read and write and certain older people</td>
<td>Does the Board wish to amend the principle supporting digital communications?</td>
</tr>
<tr>
<td>Prevention, Self-Care &amp; Promoting Independence</td>
<td>Revise to read: Prevention, safe, self-care and promoting independence</td>
<td>Views welcome</td>
</tr>
<tr>
<td>Partnership working</td>
<td>Partnership working priority should be explicit about the following: Partnership with people and organisations, Partnership with VCSE sectors</td>
<td>Should the description of partnership working be expanded?</td>
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<thead>
<tr>
<th>Other comments relating to principles</th>
<th>Potential response/ review</th>
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<tbody>
<tr>
<td>More detail on nurturing trust between key stakeholders. A ‘whole system re-model’ is needed.</td>
<td>Views welcome. Potential to add a statement about how the Board reviews how it works as systems leaders? E.g. self-assessment?</td>
</tr>
<tr>
<td>We need many more opportunities for local people to be involved in co-production. This is in addition to the principle of partnership working.</td>
<td>Should co-production be added as a principle alongside partnerships?</td>
</tr>
<tr>
<td>The principles are important but could be more strongly reflected in the priority themes (Many comments related to the need for clearer actions to address inequalities/ vulnerable groups).</td>
<td>The principles were applied when reviewing the relevance of each action. Do these need to be more strongly reflected in the themes?</td>
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<thead>
<tr>
<th>2.3 Priority themes selected – overview</th>
<th>Feedback</th>
<th>Potential response/ review</th>
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</thead>
<tbody>
<tr>
<td>Support for cradle to grave approach</td>
<td>No change</td>
<td></td>
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<tr>
<td>Support that themes link well with JSNA</td>
<td></td>
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<tr>
<td>Responder’s views varied from the strategy not being ambitious enough/light on actions to concerns about how we can achieve the outcomes with diminished resources and cautioning against raising expectations. A diverse range of additional suggestions were made for issues and areas to focus on.</td>
<td>Have we achieved the right balance of ambition to match the available resources?</td>
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<tr>
<td>Feedback</td>
<td>Potential response/ review</td>
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<tr>
<td>More references within action plans to the VCS as partners in delivering the action plans. Also action plans could indicate who actual partners are.</td>
<td>Views welcome. Theme leads can ensure they: - specify who partners are (or who they are likely to be for actions under development) - include any VCS partnerships in the action plans</td>
<td></td>
</tr>
<tr>
<td>More consistency in the impacts/outcomes showing baseline data and improvement measures.</td>
<td>These measures can be developed with NSC Business Intelligence support</td>
<td></td>
</tr>
<tr>
<td>Suggest making clearer the depth of work which has taken place to develop the Strategy and that there has been some 'indirect' consultation e.g. care leavers haven’t been consulted directly but key officers who work with care leavers have been involved.</td>
<td>Would the Board like the strategy to include examples of ‘hidden’/prior engagement used to shape the actions?</td>
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<tr>
<th>2.4 Theme 1 Ensuring the Best Start in Life</th>
<th>Potential response/ review</th>
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<tbody>
<tr>
<td><strong>Key issue</strong></td>
<td><strong>Potential response/ review</strong></td>
</tr>
<tr>
<td>Should there be more explicit mention of the needs of additional vulnerable groups e.g. children with disabilities, those in poverty, those not in full time education, children with special needs?</td>
<td>Consider whether there should be a broader definition within the strategy or if this should be addressed through the action plan? Is this about referencing other work/strategies that are already in place?</td>
</tr>
<tr>
<td>Should there be a clearer description of the differences between geographic areas as a focus for where targeted activity takes place? Just for children and young people?</td>
<td>This could be applicable across all of the themes in the strategy. Therefore, should there be a more explicit reference to geographic variation in the overarching section? Could there be reference-links to other documents e.g. JSNA describing local geographic variations.</td>
</tr>
<tr>
<td>How can the strategy best reflect big drivers for change affecting large groups of people e.g. expansion of free early year’s education provision, housing growth etc.?</td>
<td>Is this to be addressed in the action plan under specific actions? Or is this a principle around using national policy to best effect for our local residents?</td>
</tr>
<tr>
<td>Should there be more emphasis on parental education/programmes including peer support approaches making the most of voluntary sector opportunities?</td>
<td>Could this be a new principle or addition to current principle around partnership? Should this also be used as a test for the action plan?</td>
</tr>
<tr>
<td>How much emphasis should be place on youth settings - schools and community resources – as a means of support for better education, child development health and wellbeing?</td>
<td>See above. This may also be about partnerships rather than direct provision given limited Council resources and new role for Academies and school responsibilities.</td>
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<tr>
<td>2.5 Theme 2 Adding Life to years and Years to Life</td>
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<tr>
<td><strong>Key issue</strong></td>
<td><strong>Potential response/ review</strong></td>
</tr>
<tr>
<td>Housing - misses out gaps in housing provision. Link to housing and the impact this has on mental health should be included. Should demonstrate the need to develop a more joined up approach between social care, housing and mental health services</td>
<td>Housing is a cross-cutting need for all ages and is does not feature in the strategy. Views are welcome on whether housing should have more prominence in the strategy, subject to any proposed actions fulfilling the strategic principles-including requiring partnership work to address.</td>
</tr>
<tr>
<td>Support for greater focus on mental well-being, seen as underpinning good health/enabling self-resilience/combating social isolation etc. Examples of local actions which promote well-being: (i) gardening groups being active outdoors and (ii) peer support groups.</td>
<td>Mental well-being is referred to in the actions. There is a capacity gap in coordinating the range of well-being work undertaken locally, although lots of good work exists. The Board could consider its combined resources to strengthen its lead in this area – this could be a potential action.</td>
</tr>
<tr>
<td>Support for workplace health initiatives: workplace well-being champions; Preparing people for retirement, encouraging volunteering; stress, education and awareness raising about health (also needed in community settings)</td>
<td>The views of the Board are welcome about workplace health as a strategic aim and consideration of coordination capacity.</td>
</tr>
<tr>
<td>Reducing tobacco harm. If it was felt that it should stay in the strategy it should focus on inequality rather than as an issue for across North Somerset</td>
<td>Whilst smoking prevalence is geographically clustered in areas of higher deprivation, the focus of tobacco harms is also relevant to specific groups such as pregnant women, people with long term mental health problems and those released from prisons.</td>
</tr>
<tr>
<td>Should include ensuring access to support for carers. Young carers: more recognition of their unpaid work required</td>
<td>The needs of carers is a cross cutting theme, currently referred to in the Ageing Well theme 3, where reference could be made to carers being of all ages. An additional action about young carers in theme 1 could also be considered.</td>
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<tr>
<th>2.6 Theme 3 Ageing Well</th>
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<tbody>
<tr>
<td><strong>Key issue</strong></td>
</tr>
<tr>
<td>There should be more focus on encouraging people to plan for their old age. Retirement planning should be widely available and encompass financial, social, physical and mental issues</td>
</tr>
<tr>
<td>Include social isolation and loneliness of older people as an issue</td>
</tr>
<tr>
<td>Felt that a significant gap in this strategy was lifestyle and dietary advice specifically tailored to older people and including risk of malnutrition</td>
</tr>
<tr>
<td>Key issue</td>
</tr>
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<td>--------------------------------------------------------------------------</td>
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<tr>
<td>More focus on end of life planning, including discharge from hospital process</td>
</tr>
<tr>
<td>Missing the role of the Voluntary and Community sector as a full commissioned partner</td>
</tr>
<tr>
<td>Need to reflect on paragraph about emergency admissions within ‘why is this an issue’ as it sounds like care homes are not safe</td>
</tr>
<tr>
<td>‘Encouraging employers to recognise their role in supporting and assisting those with caring responsibilities’ is weak. Can ‘encouraging’ be strengthened?</td>
</tr>
<tr>
<td>Expand awareness raising and training commitment e.g., planning for old age, diet for older people</td>
</tr>
<tr>
<td>Highlight links with thriving communities section – to reduce the need for people to enter into care homes by providing community based care</td>
</tr>
<tr>
<td>Carers – issue states formal and informal carers but all other text only illustrates informal carers.</td>
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### 2.7 Theme 4 Enabling Communities to thrive

<table>
<thead>
<tr>
<th>Key issue</th>
<th>Possible response/ review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enabling communities to thrive should also include tackling social isolation</td>
<td>Board to consider whether to add this element to this priority (has also been suggested as an addition to ‘ageing well’ theme)</td>
</tr>
<tr>
<td>The inclusion of community safety within the strategy was not well reflected within the priorities</td>
<td>Emphasise that this Strategy doesn’t cover all elements of community safety work in detail and that a Community Safety Plan is also being developed with the OPCC. Or, increase detail on community safety work within the P&amp;C Strategy.</td>
</tr>
<tr>
<td>Starts with crime. Can the action plan start with 4:3 (meeting the needs of communities)?</td>
<td>This re-ordering would assist with the ‘flow’ of this section by starting with the over-arching element. However, this may reduce the prominence of the ‘crime’ section which would not address the comments about the reflection of community safety within the document. Board to consider.</td>
</tr>
<tr>
<td>Key issue</td>
<td>Possible response/review</td>
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<tr>
<td>I would like to see more focus on an asset based approach including our key partners of Charity, Voluntary and housing partners</td>
<td>A number of comments about asset based approach and working with the Voluntary and Community Sector. Suggest including this in partnerships principle as applicable to all priorities within the Strategy</td>
</tr>
<tr>
<td>Need more focus on specific geographic areas with highest needs. Be clear on the stark contrast in outcomes. Think about liveability of communities for children and families e.g. new housing</td>
<td>Board to consider whether these aspects already covered in the Strategy as a whole.</td>
</tr>
<tr>
<td>Fear of crime should be referred to. This has an important impact on health and well-being</td>
<td>Make more explicit reference to fear of crime</td>
</tr>
<tr>
<td>Enabling communities to thrive too community safety focused – needs to be clearer about how communities like Big Worle Partnership are working to make a difference in response to local needs</td>
<td>Add work of Big Worle Partnership to ‘how we will address the issue’ column</td>
</tr>
<tr>
<td>Financial crime, cybercrime, social media crimes – harassment and ‘sexting’ not addressed</td>
<td>It is likely that this level of detail will be captured in the Community Safety Plan. Make clearer cross-reference to this in P&amp;C Strategy</td>
</tr>
<tr>
<td>Transport, housing and accommodation missing</td>
<td>Consider how transport and housing issues are covered within the Strategy as a whole and particular in this section</td>
</tr>
<tr>
<td>Community tension risks not included</td>
<td>Ensure community cohesion is clearly part of this section</td>
</tr>
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2.8 Specific feedback from North Somerset Clinical Commissioning Group for an addition to the strategy

Q. Does the Board wish to approve the request to include the following reference to the STP in the strategy, which has been approved by BNNSG joint communications:

Sustainability and Transformation Plans (STP) are a new approach to planning health and care services across England over the next 5 years. Local organisations within Bristol, North Somerset and South Gloucestershire (BNSSG) are working together to agree joint plans which are financially sustainable and deliver a vision for a health and care system in which:

- Services are responsive to individual needs and relevant to local communities
- Appropriate care and support is available in the right place at the right time
- People are partners in their care
- Mental health is given equal priority to physical health in the way local services are planned and delivered
- There is consistency in the way both hospital and community services work so patients and staff know what to expect and how to use services

3. Detailed Feedback by Strategic Theme

3.1 Theme 1 Ensuring the Best Start in Life

3.1.1 Covering the right issues?

- Need more focus on specific geographic areas with highest needs.
- Look at patterns of provision to understand what assets or gaps exist.
- Be clear on the stark contrast in outcomes.
- No mention of child poverty – important area to address and significant gap
- Prevention not funded so later in life some issues develop
- Describe needs of vulnerable children e.g. disabled children and requirements e.g.
  more school places and specialist support.
- Young people leaving care
- Autism/down syndrome what support in place
- Should reflect work with children with special needs
- Children and Mental health and emotional resilience is a large issue.
- Big challenge around expansion of early year's provision to be added.
- Think about liveability of communities for children and families’ e.g. new housing.
- Safe and stable housing
- Smoke- Clean air at home and in schools!
- Educational achievements of children in care, need more effective monitoring
- Employment-working with businesses, colleges
- No youth provision so reliant on the community sector -problems with youth in the
  future- as community sector is squeezed- also safeguarding issues
- Anti-social behaviour, there is nothing in place.
- In schools: Sitting on puffs and sitting on the floor/bad for the back/ cause health
  issues later on.

3.1.2 How to address the issues

- Strategy needs to champion those children and young people who are most at risk,
  e.g. vulnerable children out of school provision and no full time education.
- More on education influence not just health and wellbeing.
- Youth clubs are important particularly for deprived early teenagers. They give
  positive role models and a sense of purpose. They need investment not closures.
- More links to Early Help, Think Family, Safeguarding and determinants of wellbeing
  like mental health or domestic abuse.
- More on parenting programmes with universal access.
- Need more on vulnerable e.g. disabled children.
- Need good links with new schools leaders.
- Increased children’s mental health services needed to prevent ill health in later life
- Also, instilling a citizenship ethic across school age children will offer a shift towards
  rebuilding a community ethic and more robust networks as part of the longer term
  strength offer in North Somerset.
- Missing the role the Voluntary and Community Sector can have as full commissioned
  partners
- More joined up thinking to reduce cost of common assessment framework
- Local authority commissioners need to let go and give responsibility to the
  communities and commissioned services.
- Parental education: Attachment theory, and responsibilities
• Break the cycle e.g. Poverty classes, or ‘how to parent’.
• Tailor services to individuals
• Buddy schemes during pregnancy, allowing parents from different backgrounds to support each other
• Preventative work with families, Making Every Contact Count
• Digital, self-led services, Informal services, (some people don’t want to use statutory services) e.g. Facebook groups
• Adopt a ‘Granny’ (volunteer programme) where older women mentor a new Mum
• Intergenerational projects – young people volunteering alongside older people
• Dementia Friends Training – especially for junior school age children (at their most receptive)
• Duke of Edinburgh Award Scheme
• There needs to be more provision for children in need who do not meet social care thresholds.
• Partnerships across North Somerset.
• Want to see a close link between actions and views from the public to make sure changes are effective.
• Be clear on language and definitions used throughout the strategy as different agencies can use terms in different ways.
• Evaluation of the approaches would be interesting to hear more about. Some of the challenges have been present for a long time.

3.1.3 Further comments

• The strategy is not radical and not practical and not joined up enough– link to schools, sports, healthy lifestyle
• Risk: Charity sector will fold as there is no money to deliver services, to recruit and to train.
• Volunteers are not free.
• Small volunteer groups can’t secure procurements.
• NSC needs to be more open to smaller organisations and larger partnership groups.
• New healthy housing, and affordable housing.
• Landlord responsibilities, no damp
• Evaluation of the approaches would be interesting to hear more about. Some of the challenges have been present for a long time.

3.1.4 Equality and Diversity issues relating to theme 1

• Disability – Not addressing the significant challenges facing children with disabilities e.g. appropriate school places or specialist support
• Maternity – Want more around peer support programmes for parents/carers to share knowledge and skills
• Low income – Needs to be clear on stark differences in income and life prospects between different geographic areas in North Somerset for child poverty and show how action will be targeted
• Age groups (Children and Young People) – (i) Not enough emphasis on children’s mental health and wellbeing – mentioned in three separate responses; (ii) need to explain how the required development of additional capacity for free early years places will be managed and used to best effect; (iii) need to invest in youth settings and citizenship to support young people reaching their full potential (iv) No reference to children out of full time education as a priority group despite increased vulnerability
• Age groups (Children and Young People; Older Age) – Should describe potential for intergenerational approaches – using voluntary capacity of older age to relate to children.
• Other (Carers/parents) – (i) Not enough about using a Think Family approach to generate sustainable change (ii) Want development of parenting programmes to engage and support change
• Other (Children and Young People; Parents/Carers) – Not enough about how services have/will be developed with the input of service users/stakeholders to ensure effectiveness
• The demographics of some schools will change

3.2 Theme 2 Adding Life to Years and Years to Life

3.2.1 Covering the right issues?

• Misses out housing provision
• Malnutrition is not addressed
• Mental Health is a common thread across all services- prevention is not addressed (e.g. prevention for young people, for those isolated and those in poverty).
• Obesity is addressed – but simple prevention solutions not covered- infrastructure for walking, cycling (potential to link to building/ development contracts and Local Infrastructure. Public Estate work).
• Seems to just offer ‘Carry on doing what has already been done by the public sector’.
• It appears to be suggesting continuing with current plans and services where there are huge gaps in current provision around housing, mental health, carers etc.
• Obesity, healthy eating and being active is old hat and nothing has changed so why include it?
• Should include reference to mental health in the theme overview page 5
• Should include ensuring access to support for carers
• Should include reference to the benefits of physical exercise

3.2.2 How to address the issues

• MECC- all agencies need to be aware of MECC and involved / trained in understanding how to deliver it.
• More focus on holistic approaches and shared pathways to ensure that there is an equity of offer across the community.
• Not enough integration or maximising potential, no discussion of voluntary sector offer and its potential to be part of the solution
• NHS-CCG and NSC need to be co-ordinating – join forces on common issues and integrate Health and Social care.
• In relation to mental health services for people experiencing problems, why don’t you ask residents what they would like us to do about it?
• We talked about the risks associated with social isolation and poor mental health. We highlighted two types of project which would be helpful for this strategic aim: Projects that promote being active and outdoors e.g. gardening and growing food and peer support groups e.g. User led groups for people with long term health conditions like Fibromyalgia where support from fellow sufferers can be very valuable. One contact mentioned that Transport Services of North Somerset Council have mini buses that can be used.
Curo £500 community grants – gardening
Missing the role the VCS can have as full commissioned partners
Too many gaps – provide a clear cut pathway that includes the VCS
Clean air around schools
Reduce expectations and continued reviews
Self-care plans and Self-management plans
Get GP to do more social subscribing (should read as prescribing)
Far too much reliance on intense support (that is not sustainable), what about proven peer support work
Healthy eating courses
Education-Healthy eating projects
Go4free
Reduce tobacco, harm drugs, self-harm - require a new way of educating people to take ownership of the issue and gain support from VCS
Healthy weight, being active and eating well should also include: Community learning and learning communities etc, work place initiatives e.g. Alliance Homes Wellbeing champions; Preparing people for retirement – encouraging volunteering; Education and training about long term physical health conditions and supporting improved public awareness about these – e.g. what do you do if a person was to fall outside your shop? Recognise the impact on slips, trips and falls on personal wellbeing and confidence
Mental health - Need to refer to emotional wellbeing and social isolation, Reduction in rates of suicide is not focusing on the right thing – should be focusing on reducing poor mental health. Link to housing and the impact this has on mental health should be included, Should demonstrate the need to develop a more joined up approach between social care, housing and mental health services
Reducing Tobacco harm - The group challenged why this was in the strategy as it is considered to be core business. If it was felt that it should stay in the strategy it should focus on inequality rather than as an issue for across North Somerset. For example: Targeting Smoking impact – how do we support people who are experiencing disadvantage. The group felt that this should be a housing and accommodation issue rather than tobacco harm.
Reducing alcohol & drug harm - Missing education and awareness raising, Links to the wider offer – workplace stress, employment – range of partnership initiatives that are helping to address wider factors that can have an impact on a person’s life and in turn reduce harm. Connections between alcohol and drug harm?

3.2.3 Further Comments

GP Services- are they talking to CCG and Healthwatch- it seems not?
Town planning-health choice-corner stores-ready meals
Young carers: - More recognition of their unpaid work required
Requirement for knowledge transfer- NS Online Directory- not fully fit for purpose (lack of investment in it). How will STP digital plans support directories of service? Digital promotion of what is available will be crucial for people under the STP.

3.2.4 Equality and Diversity issues relating to theme 2

None specific to theme 2
3.3 Theme 3 Ageing Well

3.3.1 Covering the right issues?

- Concerns about the level of dementia and meeting the needs of people with dementia particularly those who do not accept they have it.
- Thought should be given to helping ALL ages keep fit. The Go 4 Life scheme is brilliant—well done but it should be extended to other ages.
- I think the key priorities show a good cradle to grave offer, with key determinants of social and health needs identified. I would like to see more focus on rehabilitation, on end of life planning as part of the community offer as well as drawing in more on an asset based approach including our key partners of Charity, Voluntary and housing partners. We need to also consider a workforce planning and transformation approach to recognise the shift in culture and ensure a smooth transition from our current way of supporting communities to an empowerment model.
- The social isolation and loneliness of older people is a real and growing issue.
- A major issue is the lack of community care resources in North Somerset. My partner (who recently died) wanted to be cared for at home as is her right. When we used NHS Fast Track discharge procedure to get her home, this did not happen even though the target is for this to complete within 48 hours. The discharge team says that the issue is lack of care resources in N Somerset—fast track discharges are typically taking 5 weeks instead of 48 hours. You do not say how you will solve this.
- Mental health actions not proactive enough. Need a greater spectrum of services for children and adults with emerging mental health needs.
- Need to add: Social isolation and loneliness (leads to mental ill health- growing issue for North Somerset set to rise from 11,000 to 18,000 people over 75 living alone and suffering from life-limiting illness)
- Need to add: Transport for people
- Need to add: Improving knowledge about wellbeing- 5 ways to wellbeing
- Where are the Registered Social Landlords, the Care Homes , the voluntary sector (e.g. Age UK ) and the roles they can and do play
- Missing the role the Voluntary and Community Sector can have as full commissioned partners.
- Volunteer sector not featured
- Increase the percentage of people who are enabled to live at home for longer.
- ‘Encourage employers to recognise their role in supporting and assisting those with caring responsibilities’ is weak, could this be made stronger?
- An increasing amount of ageing people who don’t have children are often carers. Recognising that this is a group that needs to be factored into services as they are alone - Signs of dementia- can’t see it
- Health and Social care need to work together
- Free at point of delivery- when there is too much assessment- waste of money enablement support in their homes-supported housing before going home
- ‘Extra care’ needs to be more profiled.
- Don’t pay peanuts for the essential care services
- Falls awareness and prevention.
- Factor in the ‘5 ways of wellbeing’
• Factor in training ‘Diet for older people’, ‘Planning for old age’
• Rather than ignore role of volunteers and befrienders plan for their roles
• Reduce stigma and Encourage people to step forward- this can be via VCS sector
• Work with Health and Local groups who may have access to condition especially funding
• Risk: Small groups do not know how to access funds. Fund VANS to share new skills
• Carers: GPs and Hospitals need to identify carers including working age young carers. Link to STP.
• Look at National Charity Helplines, and different resources for support.
• Our groups talked about how important it was to encourage people to plan for their old age. Retirement planning should be widely available and encompass financial, social, physical and mental health issues.
• Dementia Friends Training for all age groups
• The group felt that a significant gap in this strategy was life style and dietary advice specifically tailored to older people. It was agreed that life style advice cannot be the same for everyone and a low-calorie/low-fat diet that may be helpful for some groups is not appropriate for many older people and leaves them vulnerable to under-nutrition.
• Malnutrition - the consequences of malnutrition include the increased use of health services. Malnourished people: saw their GP twice as often, had 3 times the number of hospital admissions and stayed in hospital more than 3 days longer than those who were well nourished. Source: http://www.malnutritiontaskforce.org.uk/resources/malnutrition-factsheet/. We felt there should be a working group and a strategy around this as there was great potential improve the quality of older people lives and to prevent costly use of services.
• Contracts with the VCS sector - the need for full cost recovery and the disadvantages of short-term contracts. In the future organisations, will need to work together to see the greatest benefit from decreasing funding sources.
• This priority needs to be checked against the Primary Care Draft Strategy
• Ensuring access to support for carers should be included
• Missing housing and accommodation needs, links to housing support strategy.
• Need to reflect on paragraph about emergency admissions within ‘why this is an issue’ as it sounds like care homes are not safe – also recruitment challenges does not take into account work by community learning and alliance homes being undertaken through sector based academies to recruit good quality care staff etc.
• Include raising community awareness if a range of physical health conditions in increasing care needs
• Recognise the increased requirement for families, people and communities to care

3.3.2 How to address the issue

• Dementia - Align back to other work – link to Make Every Contact Count MECC
• Carers - Issue states formal and informal carers but all other text only illustrates informal carers so the distinction is confusing. Recommends removing both and just using ‘Carers’ throughout.
• Include recruitment of volunteer carers within communities
• Include how we support carers to contribute e.g. giving lifts to help out etc.
• Look at best practice for offering flexible arrangements such as: Alliance Homes App for families, Carers Trust Phoenix
• Reflect work being undertaken in partnership to offer good quality training for carers through sector based academies
• Highlight links with thriving communities, social isolation – community connect etc. to reduce the need for people to enter into care homes by providing community based wrap around care
• Include encouraging people to think ahead to enable them to plan for ageing well
• Please could we consider an offer across partnerships to engage with people, maybe info and advice, maybe clinic / roadshow offer of all at retirement age to have personalised discussions about options and choices for the future when most are able to have some control over choices such as healthy lifestyles, housing options, community support network, volunteering etc. to educate public and enable them to take responsibility for older age planning.
• Needs to be greater awareness and training around dementia.
• Encourage more people to go to pharmacies rather than the GP or accident and emergency.
• Concerns about the delay and quality of discharge from hospital, including the delay in arrangement of care packages at home.
• All staff and carers working with people with a visual impairment and / or a hearing impairment should have vision / deaf awareness training. People working with people with a hearing impairment should be trained on how to properly clean hearing aids.
• Need to explain how everyone can help – Dementia friends is a great initiative but more could be done to prevent falls, keep people safe and provide local support for example: living with diabetes etc.
• Recognise the impact of slips, trips and falls on personal wellbeing and confidence

3.3.3 Further comments

• Dementia is now of greater concern than cancer as it is affecting more people. These actions only begin to scrape the surface of what is required. Carers in receipt of Carer’s Allowance cannot earn more than just over £100 per week or they lose the allowance which is around £62 per week. It is not possible for someone to live independently on that income and pay rent in Portishead. Living in the community is an ideal but in real terms it is impractical for most people with dementia.
• There is a distinct shortage of domiciliary care.
• There is no funding for the strategy to be implemented.
• Social integration is the key to all of these services, carers etc. cannot provide the best solution for ageing well in isolation!
• Concern about whether the ambitions set out in relation to ageing well are achievable within current and reducing resources to meet growing demands
• In the light of the BNSSG STP - the role of the Voluntary and Community Sector (VCS) will be fundamental to delivery- there is a lack of joined up thinking in terms of the impact of STP and the relationship between NSC (Social care/ public health), Registered Social Landlords and their respective roles and the proposed growth of a strong Voluntary sector required to deliver.
• Screening: hearing and sight loss
• Adopt a ‘Granny’ (volunteer programme) where older women mentor a new Mum
• Dementia Friends Training – especially for junior school age children (at their most receptive)
• Intergenerational projects – young people volunteering alongside older people
• Not enough integration or maximising potential, no discussion of voluntary sector offer and its potential to be part of the solution
• NHS.-CCG and NSC need to be co-ordinating – join forces on common issues and integrate Health and Social care.
• Self-care plans and Self-management plans
• Get GP to do more social subscribing

3.3.4 Equality and Diversity issues relating to theme 3

• More user engagement needed to collaborate on planning and implementation to ensure we are not discriminatory in our approach.

3.4 Theme 4 Enabling Communities to thrive

3.4.1 Covering the right issues?

• Reducing inequalities and prioritising scarce resources could feature more strongly
• Overall the group felt that the inclusion of community safety within the strategy was not well reflected within the priorities
• I would like to see more focus on an asset based approach including our key partners of Charity, Voluntary and housing partners.
• Need more focus on specific geographic areas with highest needs. Look at patterns of provision to understand what assets or gaps exist. Be clear on the stark contrast in outcomes. Think about liveability of communities for children and families e.g. new housing.
• More on education influence not just health and wellbeing. More links to Early Help, Think Family, Safeguarding and determinants of wellbeing like mental health or domestic abuse.
• I think that diversity is not explored sufficiently within this paper.
• Community led initiatives are supposedly encouraged, but weighed down by restrictions and fear of supposed “ACTIVISM”! Active residents with a powerful voice and motivation for change should be embraced with enthusiasm if true regeneration is wanted. Provide a Community Centre and staff it with passionate and empowered volunteers, side by side with the voluntary sector organisations...Weston-Super-Mare would finally be safe, inclusive and proud of its reputation.
• Fear of crime should be referred to. This has an important impact on health and well-being.
• Enabling communities to thrive too community safety focused – needs to be clearer about how communities like Big Worle Partnership are working to make a difference in response to local needs
• Enabling communities to thrive should also include tackling social isolation
• Start with crime. Can the action plan start with 4:3?
• Social media crimes not addressed and harassment –“sexting”
• Accommodation and Housing issues are missing from this priority
• Should reference social isolation issues
• Acknowledge the lobbying function that the board could have in relation to transport issues etc.
• Focus is on where communities are not thriving
• Missing housing needs and accommodation issues – a big gap
• Links to the work of the voluntary sector needs to be expanded and strengthened
• Link to transport including community transport
• Perception of crime and link to social isolation not covered
• Financial abuse for older people a big issue not currently included also safeguarding for cyber crime

3.4.2 How to address the issue

• Opportunities for local groups to help deliver priorities: edible worle, health walks, community engagement etc.
• More reference to ABC, Big Worle and Curo work to engage residents in community led initiatives within communities to address local needs
• Opportunities to use the information to secure investment within communities to support priorities
• Opportunities to work in partnership with individuals and community groups to make a difference.
• The strategy focuses on issues and addressing them- it does not consider the assets that exist and the untapped resources that assets provide
• The ‘how we will address this’ column miss out the role of the voluntary sector and its capacity to be part of the solution.
• Volunteers are not free
• Anti-social behaviour – nothing in place
• Digital, self-led services, Informal services, (some people don’t want to use statutory services) e.g. Facebook groups

3.4.3 Equality and Diversity issues relating to theme 4

• Eastern European families
• Non-European Union population
• Do not leave out BOME/ LGBT communities.
• Under why this is an issue for North Somerset reference is made to young people and people from Black and Ethnic Minority Communities. This should also include all groups including Homophobic and LGBT discrimination.
• Hate crime
• Sexual abuse
• Engagement with diversity groups
• Plain English campaign