

## Healthwatch Sheffield VCF Health & Social Care Forum

Wednesday 5<sup>th</sup> July 2017 10:45am-1pm

The Circle, 33 Rockingham Lane, Sheffield S1 4FW

### **‘Prevention is better than cure’: Exploring how we can promote health and wellbeing in Sheffield.**

Chaired by Judy Robinson, Chair of Healthwatch Sheffield Board.

#### **Introduction and welcome**

Judy Robinson welcomed everyone to the event and explained the aim of the morning: to debate the key themes of prevention and cure, is one better than the other, or more important? Further, how does the Voluntary, Charity and Faith sector play a role in this and specifically looking at social prescribing.

Judy opened the debate prior to talks from guest speakers asking the question to the audience of ‘What is prevention?’ The audience discussed in groups coming back with different ideas:

- Important to get in early
- Health screenings/healthcheck
- Active Ageing- across the life course including social, cultural and individual elements
- Maximising wellbeing
- Awareness/education/motivation
- Whole family and society
- Prevention and cure are not mutually exclusive
- Prevention is not better but should be done as well as
- Organisations and institutions must work together
- Prevention is harder to evidence than cure
- There are three levels of Prevention:
  - 1) Primary- Prevention, 2) Secondary-Recovery, 3) Tertiary- Management

#### **Guest panel**

Judy introduced the panel, who each spoke for 20 minutes.

##### **Greg Fell – Director of Public health, Sheffield** (presentation slides to follow)

Greg presented why prevention is a priority and the key challenges for the city specifically the role of the Director of Public Health in creating a strategy that addresses health inequalities through taking a preventative approach. Greg outlined his role and the expectations on him and went over the case for prevention and why we need a strategy to address health inequalities specifically in Sheffield to give people the best start to maximise life chances. Evidence for the case for prevention is not lacking and theories are in abundance, however, he acknowledges that it is a complicated and complex challenge and there are big decisions to be made in implementation. Finally in summary,

Greg suggested that yes, Prevention can be better than cure, and outlined the need to focus on refreshing and revising the City Councils approach to health inequalities however; there are no quick fixes or easy answers often it can appear or seem like trade-offs have to be made.

**Helen Sims – Voluntary Action Sheffield, Health and Wellbeing lead** (presentation slides to follow)

Helen did an overview of what we mean when we discuss prevention, particularly focusing on the role of the Voluntary, Community and faith sectors, then narrowing down on the shape and size of the sector within Sheffield ....*It is estimated paid staff and volunteers working within the voluntary sector in Sheffield contribute the equivalent to £810 million worth of 'Gross Value Added' (GVA) to the economy....* Helen discussed the link between volunteering and Health and wellbeing and the challenge of unequal access to volunteering opportunities, also introducing the social prescribing model and the Keeping people well partnership. Discussion moved to the need to create the right environment for supporting volunteering opportunities and how VAS believes it has a role in leading the cities volunteering strategy.

## Questions and comments

Judy then invited questions and comments from the audience.

### 1-How do we know what services to align people locally to?

**Helen Sims-** We need to go out and find them (services), lead Partners have a good understanding, we need to provide a system that has a friendly interface perhaps need to provide an accessible system that can manage referrals etc.

**Guy Weston** (SOAR) – suggested that from his experience having team meetings and sharing information that way, inviting guests to talk, undertaking scenarios of case studies and embedding referral structures can be vital.

**Greg Fell-** Commented that it can be a training issue, perhaps it is also difficult to keep up with the changes in the VCF sector in contrast to the NHS which has long embedded referral processes.

### 2- What do they propose to change rather than accepting it?

**Helen Sims-** Suggested that we all need to challenge the status quo, specifically looking at 'inclusive growth' in relation to the contribution of the VCF sector, VAS is looking at ways of developing and re-thinking how the economy works.

Suggestion was also made are we trying to change for the long term. Reference to the Oxford Meeting group report which made suggestions on how to implement/bring about change- i.e. coalitions, re-open society, really value the future- often we value the now at the expense of the future.

### 3-What resources are there in Sheffield and how are they joined up?

See answer to q1

**4- Has the potential for intergenerational support in promoting health and wellbeing been looked at/addressed?**

**Tony Maltby (HW board)** –This is being looked at and done in Sheffield by charities such as the Alzheimer’s Society and the Age Hub Sheffield, Tony suggested that VAS could take a coordination role in this with equal focus on larger and smaller organisations.

**5-How do we start looking at achieving change collectively i.e. being more inclusive towards young people having a voice and impacting strategies.**

**Helen Sims-** Highlighted the work of VAS which was undertaken in partnership with Chilypep around giving a voice to young people and creating a ‘Vision for our young people’ document. It is interesting to note that a lot has been focused upon a voice for older people.

**6-Are you/we up for truly joint commissioning? I.e. including users as equal partners?**

**Greg Fell** – joint commissioning has been looked at, made the key point about how commissioning as a process has some negative connotations, perhaps we need to move towards planning/strategy. Ultimately there are many voices and someone has to decide. Some voices may not be currently represented; smaller organisations have lots to offer and we need to look at how to ensure both smaller and larger organisations can contribute.

**Helen Sims** – VAS is trying to improve on representing the diverse voice of the sector and this work is underpinned by partnership working, Helen feels partnerships are key. Helen also stated that it is important to VAS to go where the ‘people’ are, so we can hear their voice and look for opportunities for influence.

**Hanover TARA rep-** stated that there are barriers for smaller organisations to attend events like the VCF forum due to lack of time and resources.

**Greg Fell-** there are mixed views on gaining larger or smaller organisational input into forward change, stated that the City Council are definitely aligning themselves towards joint commissioning and were ‘up for’ this.

**Robert Carter (Mental Health CCG representative)-** stated that the CCG is also behind co-commissioning.

Judy then asked the question to the floor regarding how can we carry on these conversations and various ideas were fed back in order to create ‘Creative Coalitions’:

- Turn up the volume and collectively try to amplify the message
- Healthwatch independence in this conversation
- Use community partnerships as a vehicle for engagement
- Take a single issue i.e. active aging around which structure can coalesce
- A mechanism for gathering views-democratic input
- Use existing structures/develop these
- Hooking people into partnerships that are already working

- Faith community can be a key player in this partnering voice
- Citizens reference group- can we utilise this?
- Support planning as an area of focus for a coalition of action

### **Comments from Feedback**

Generally the event appeared to be well received a few comments from the event:

*'Excellent Presentations-good follow up and discussion'*

*'Director of Public Health refreshing, open and honest'*

*'It flagged up some of the big questions to be addressed both locally and nationally'*

### **Final Thoughts**

Judy concluded the meeting and thanked all those in attendance and invited suggestions for future forums. It was suggested that for a future topic we could look at the role of MPs and the local authority in health and wellbeing.