

CARE FORUM SOUTH WEST

5th April 2005 - SCAT Conference Centre, Taunton, Somerset

‘PUBLIC HEALTH - What’s in it for us?’

WORKSHOP – OBESITY and PHYSICAL ACTIVITY

with Irina Kweatkowski,
Health Promotions Manager, CHD, Taunton Deane PCT

Session contents

- Definition of obesity
- Discussion on some issues
- Learn about physical activity
- National context
- Think about what your organisation may do

What is the problem?

Stealth – obesity creeps up over the years. A poor balance of healthy eating and physical activity in early years has a pay back in later years.

What has caused this?

Recreational eating and a sedentary lifestyle.

Identifying some of the problems.

- A need to re-think eating in terms of nutritional needs rather than emotional needs.
- Over-eating at certain times, eg Christmas.
- The ‘just-this-once’, eg the cakes and pastries in the office to celebrate birthdays that come round all too often.
- Driving, not walking, exercising the mind but not the body.
- Grazing and snacking.
- Availability and aggressive marketing of ‘attractive’ foods.
- The hidden calorific extras in the food we buy.
- Cost of joining Health Clubs.

What can your organisation do?

Workplace policy:

- Encourage walking rather than driving to local meetings.
- Offer healthy options where food is provided for meetings.
- Encourage membership of physical activity groups.

People we work with:

- Don't bring in the birthday cake or chocolate bars to share.
- Arrange to walk to local meetings or go to physical activity groups together.

Links to other organisations:

- Positively promote and disseminate information re healthy living. Using conferences and newsletters to channel this.

Difficulties and resolutions:

- Need to limit any extra cost or time demands.
- Need to develop an automatic mental check that the healthy option is considered alongside equal opportunities and health and safety.

PS. So many things revolve around food. Keeping a two-day diary will help show just how many and provide a focus for action.

WORKSHOP – HEALTH INEQUALITIES

with Karen Kral

- Childrens Service Directorate.

Participants high-lighted the following points for discussion.

The lack of awareness of services available and sources of help.

The shortage of hospital beds and the knock-on effect of the closure of community hospitals.

How do the unemployed, elderly, sick and ill, find out about getting the appropriate help?

Access to health care and services by the disabled and isolated parents at home.

Redressing the balance of how older people are perceived and what services they receive.

High-lighting issues surrounding children's services.

KAREN KARL asked for immediate thoughts relating to health inequalities. The following were responses:

Finance	Housing	Education/literacy
Someone to listen	Locality	Family size/support
Transport	Isolation	Time (pressure)
Information	Facilities	Language barriers
Disability	Access	Obesity
Drugs	Alcohol	

There appears to be a lack of awareness of services at all levels which makes people feel isolated. Health information leaflets do not appear to be getting to the right people. The closure of village post offices and local amenities where leaflets can be left are getting less, therefore where do people pick up information? They miss out on the loop.

Awareness of the grey brigade, which is getting larger each year. People in services seem to discount older people and their needs.

The workshop generally felt that there was a lack of communication within the health service, particularly in relation to patients needs – see one doctor one day, a different one the next, another at a different venue etc.. Why can it all not be co-ordinated and brought together under one key worker. Example was given of the old-fashioned matron.

KAREN KRAL distributed the following presentation material:

The Challenge

- Health and life expectancy are still linked to social circumstances and childhood poverty.
- Gap in health outcomes between those at top and bottom of social scale remains large and continues to widen.
- Mean poor health poor quality of life and early death for some.

Be Healthy

- Physically healthy
- Mentally and emotionally healthy
- Sexually healthy
- Healthy lifestyles
- Choose not to take illegal drugs

Choosing Health – white paper consultation highlighted

- Informed choice
- Personalisation
- Working together
- Improving opportunity and reducing alienation by young people
- Giving people greater say
- Strengthening services
- Improving skills
- Reducing harmful risk-taking behaviours.

Every Child Matters - 5 outcomes

- Be Healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

Overarching priorities

- Reducing the number of children who smoke
- Reducing obesity improving diet nutrition
- Increasing exercise
- Encourage sensible drinking
- Improving sexual health
- Improving mental health

Government strategy

- Reduce gap in infant mortality across social groups
- Raise life expectancy in most disadvantaged areas

National programmes

- Sure start supporting development of pre-school children in poorer areas
- National strategy for neighbourhood renewal integrated approach to regeneration
- Support to housing improvements
- NHS plan – more effective prevention and improved primary care for dis-advantaged

Actions likely to have greatest impact

- Improvements in early years support
- Improved social housing
- Improved educational attainment and skills development
- Improved access to public services
- Reduced employment and improved income among poorest

Lessons learnt

- Integrated health inequalities into mainstream services with focus on disadvantaged groups
- Work with local communities and groups in partnership

Specific Government interventions

- Reduce smoking in manual social groups
- Effective PC and PH interventions target 50+s through poor diet obesity physical activity to reduce heart disease and cancer
- Reduce cold and dampness in housing
- Reduce accidents at home and on the road

Key interventions to close gap in infant mortality

- Improve quality and accessibility of antenatal care and early years support in disadvantaged areas
- Reduce smoking and improve nutrition in pregnancy and early years
- Prevent teenage pregnancy and support teenage parents
- Improve housing conditions for children in disadvantaged areas

Supporting families and children

- Sure start programme – to be mainstreamed success with reducing smoking and improving breastfeeding rates
- Foundation stage of national curriculum for 3 – 5 year olds personal social and emotional development
- Raising standards and improving educational attainment

Supporting families and children - 2

- Children's Fund supports 5-13 year olds at risk – prevent crime, anti-social behaviour, truancy, develop parenting skills help with mental health difficulties
- Connexions service – integrated service for advice guidance and personal development
- End use of B+B for homeless families

WORKSHOP – INFORMATION SKILLS with Helen Cooke.

All presentation slides are emailed to the organisers.

1. Qs re Helens role:

- to help you decide on and find the data you need
- based at Bristol but local experts can provide local data
- does not collect data but interprets and presents data in a way which will win an argument
- can direct to other appropriate sources

2. Q re suicides: Is higher rate for men because women socialise more?

- Males have to look OK
- Response to severe stress – country areas can be more stressful than town due to financial uncertainty
- Coastal resorts – cheap / benefits accommodation – depression.

3. Q re identifying a geographical or LA area within national data.
- Have to go back to SW Observatory data in preparation; need to map out different factors; there are no short cuts in using data.

4. Data does not answer questions; it tells you what question to ask!

5. “Health and Care” website is excellent.

6. Example: Obesity leads to Diabetes; therefore more data is needed on obesity in children at GP levels.

7. No extra money is likely to be available for all the needs.

WORKSHOP – MENTAL HEALTH
with Jeremy Voaden & Rebecca Hardwick

1. We need to work with individuals and society as a whole, especially through voluntary and community organisations.
2. Q. Taking control of one's own life is any issue for every person!
A. Self-assessment plan based on strengths for: "How I am when I am well, and what I do. How I am when I am not well, and what I can do to be better".
3. Questionnaire on Mental Health awareness in own organisation was administered and used as discussion basis.
 - Stigma is attached; not taken seriously; physical problems seem as mental health issue. Many pay lip-service to mental health.
 - Admin staff (as well as counsellors/professional workers) also need supervision / good line management support. Recommended booklet: "Line manager Resource" and website www.shift.co.uk All need to be aware of our mental health. Some caring professions are very supportive towards staff as well as clients.
 - Quality Assurance Standards often include mental health standards and policies.
 - School and adult education for mental health issues are improving.
 - Parents of mental Health adults often prevent their child from fulfilling their potential!
 - Attitude problems of the public are still paramount.

A number of Mental Health handouts were distributed at the Workshop and these are available from NIMHE - Southwest

WORKSHOP – COMMUNITY ENGAGEMENT with Pat Taylor, UWE

The following points were raised for discussion.

- Preparing the statutory sector to work with communities.
- Establishing a community group, getting and keeping it going.
- Getting people interested in the news ops for P1
- Isolated / Hard to reach families, groups – how to engage them.
- Citizenship / Public Service – how do we rediscover this.
- Moving from consultant to participation / involvement.
- Providing the evidence.
- What is community?

The discussion started with 'Community' – what do we mean by Community?

Geographical Communities and Communities of interest were identified as two main areas.

Geographical Communities – how far does one identify with them? Communities are created. Whatever is visible, there is always that which is visible. Community groups do not always attract everyone living in the community therefore it is good to have several of the same kind as it covers more people.

Communities of interest – Issue of stigma – BME. Availability and opportunity to join in. Confidence, inclination and individual awareness (if vulnerable maybe does not want to join in but could help) Choice.

Isolated people / families were discussed at length. How to reach and engage them? Many have had bad experiences. How do they get back the confidence to join a group? Allowing people to meet in small groups and building on it; to choose their involvement. No pressure. Gradual introduction.

The issue of people in country areas was touched on and how communities in the country have changed recently. Many feel isolated – they need people to talk to but not necessarily the person living next door. Everyone is different and just because they live in the same street does not mean they have anything in common.

Pat used a pyramid as an example of thoughts of engagement:

The smallest section – community activities.

Next – the people who actually are willing to set up activities.

Next – people who join or attend activities / go to things.

The largest section of the pyramid is non-participants.

Information cascades down through all groups, networking and encouraging people to use it, empowering people to set up their own groups.

Statutory sector rules and regulations sometimes do not go well with community projects. More time could be spent seeing what they want rather than having an agenda and targets. Central targets are very difficult to meet – groups fall apart because of bureaucracy.

The voluntary sector network could probably teach the statutory sector a lot. Smaller groups could be squeezed out unless different strategies are used.