

Putting Prevention First: **Public Events Summary Analysis (v2)**

County Durham and Darlington NHS Foundation Trust (“CDDFT”) recently hosted engagement events in both Darlington (6 October 2011) and Durham (10 October 2011), in order to interact with patients and public, and understand their perspectives, views and opinions upon current and planned preventative healthcare activities relating to a range of public health matters. Both events were organised with local LINKs groups, and as such, offered real opportunity for members of the public to have their voices heard, and make effective contribution to plans for future service provision across the locality. Indeed, issues raised at the events will henceforth be considered for inclusion in CDDFT’s *Prevention First and Health Improvement Delivery Plan 2011-13*, and thus will be clearly at the forefront of on-going strategic intent.

In total, the events were attended by over 35 patient and public representatives, and there was much engaging debate, a summary of which is presented below:

1. Addressing lifestyles, behaviours and choices that are detrimental to health

1.1 Alcohol

Public representatives identified a number of societal and cultural issues that significantly influence the widespread, and often excessive, use of alcohol within the locality. These include the low cost of some types of alcohol (particularly those aimed at young people), the high visibility of alcohol within media and advertising that makes drinking appear an attractive choice, and the easy availability of alcohol within local shops. Although tackling many of these issues will require a partnership approach, including local authorities, local government etc, there are some actions that can be taken by healthcare services alone in order to better inform the population about alcohol and its effects. In particular, it is suggested that screening and assessment tools be made more available within a range of public and professional settings so that people may recognise their level of alcohol intake, and understand how this may affect their on-going health.

1.2 Food and Nutrition

In terms of providing food and nutrition support, public representatives believe that there is currently a local unmet need that requires increased information and help to be given to vulnerable population groups i.e. young mums and families, the elderly, those with diagnosed disease etc. More specifically, information must be tailored so as to provide practical advice to people who are economically challenged, and thus demonstrate how people can eat healthily on a restricted budget. There must also be more public information regarding food labelling, the need for hydration, and vitamin/nutrition intake. It is also suggested that GP’s and other key frontline health professionals need to have up-to-date food and nutrition knowledge in order to offer better information on balanced diets, and to communicate more effectively with their patients. However, this will require clear leadership in order to maintain standards and consistency, and to ensure delivery by staff well qualified in diet and nutrition.

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1.3 Physical Activity

There is clear recognition by many local people, that there are a variety of community services available, designed to promote physical activity including walking programmes, cycling programmes etc. However, few people are aware of the full range of services, and thus there is need to improve marketing and communications in this respect. It is also deemed appropriate to develop messages of encouragement and motivation that are specific to particular target groups, including young families, working age adults who do not know how physical activity can be integrated into their busy lifestyles, and older people. It is also suggested that GP's make increased referrals to exercise programmes, and that as such, they become champions for physical activity, supported by volunteers and local sports stars.

1.4 Teenage Conceptions and Sexual Health

Improved, targeted information resources, and increased funding and availability of sexual health services, are identified as the two fundamental ways of helping address this agenda. Thus, for example, it is suggested that education needs to be improved using relevant and innovative approaches, such as enabling single young mums to go into schools and talk about their experiences, using social networking media to target children and young people, and increasing the availability of parenting classes. Additionally, sexual health services must be further developed, and work in tandem with professional partners such as benefits agencies, to help promote access.

1.5 Public Mental Health

There is a general lack of understanding amongst public representatives as to how, when and where public mental health services may be accessed within County Durham and Darlington. Equally, many people believe that local GP's are also unaware of how patients may be referred to public mental health services, meaning that it is often difficult to get support until a crisis moment is reached. In terms of access to community venues that can enable local people to meet and socialise, and that can help promote positive mental wellbeing, there is great concern that the current economic climate which is leading to the closure of many community and leisure centres, will result in increased numbers of people with mental illness. To this end, it is suggested that GP's should increase their social prescribing, whereby patients can be linked with non-medical sources of support within the community, including opportunities for arts and creativity, physical activity, learning new skills, volunteering, mutual aid, befriending and self-help.

2. Supporting the emergent CDDFT Clinical Strategy

2.1 Women, Children and Maternity

There is currently some concern by the public as to what healthcare services are made available within school settings in order to support both the physical and emotional wellbeing of children and young people, and how these services may be accessed. This therefore suggests that communications with parents need to be improved. There are also questions as to the extent to which school nurses are able to adopt a preventative approach to healthcare, and thus provide dedicated information and resources to children so that they may best understand how to reduce risky behaviours, and make choices that will optimise their long-term health.

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2.2 Long-Term Conditions

Many public representatives are familiar with the NHS Health Check and Health Trainer programmes, as well as the specialist team assessments in respect of diabetes, hypertension etc, all of which seek to ensure earlier detection of disease, thereby leading to earlier intervention and better outcomes for patients. Nevertheless, there is concern that these services are not all available consistently across County Durham and Darlington, nor is follow-up support always readily accessible in every ward throughout the locality. There is also suggestion that services should be more patient-focused, and thus that patients with comorbidities should be able to access all necessary services through a single contact point rather than multiple sources: this would not only require a more holistic model of care, but would also necessitate increased communications between all local health and social care providers.

2.3 Older People

Public representatives believe that services for older people across County Durham and Darlington create a range of different challenges and opportunities, depending not only upon the area in which the patient lives, but also upon the involvement and motivation of the patient's GP. Thus, for example, some elderly patients find making healthcare appointments very difficult, while this is less problematic for others. Similarly, access to residential placements and other specialist services (such as alternative therapies) is inconsistent. To help improve service delivery, it is suggested that there should be more information for both public and healthcare professionals, a greater number and choice of services for older people being delivered in a primary care setting (including age-appropriate Health Checks), and increased referrals from GP's to appropriate public health services. Additionally, service developments could include cognitive assurance assessments focusing specifically upon memory capacity, recreational activities tailored to older people, and befriending activities.

3. Developing community engagement

Many public representatives are keenly aware that there is a range of community-based activities and groups within County Durham and Darlington that support the preventative healthcare agenda: however, there is equally a need to ensure that all these activities be better coordinated, and then communicated in a more organised and consistent way so that all interested people (and particularly those from hard-to-reach groups) can learn what is available within their area and contribute accordingly. This will help groups to become truly representative of local populations, and enable an equal balance of views. To achieve this, the use of modern communication channels such as Twitter and Facebook is proposed, as well as innovative communication techniques such as social marketing, and publicity in a range of more traditional settings including schools, community centres etc.