Derbyshire Healthcare NHS
NHS Foundation Trust

Better together

4Es STAKEHOLDER ALLIANCE

Equality, Experience, Engagement & Enablement ***Issue 8: 21 April 2015***

"Working together for the common good"

Welcome to the latest edition of the 4Es newsletter. This newsletter is produced after every meeting, in line with our 4Es meetings so that we can share our collective work to improve engagement, access and equal outcomes for all groups. This document also serves as our meeting notes and actions. In this issue you will learn about the session that took place on Tuesday 21 April 2015 at the St James Centre, Derby

Welcome and setting the context

Mark Todd, Trust Chairman and chair for the meeting, welcomed partners and asked the attendees to share something positive in their lives.

Colleagues were also informed that 4E's will be taking on a new format:
Quarterly meetings will replace the current format. Meetings will held in each of the new Trust neighbourhoods and take on a neighbourhood focussed approach. These meetings will focus on organisations and groups working within each of the neighbourhoods. There will be one overarching meeting per year, which will include all areas across the county.

Group Session – Social Capital

Leads: Sara Bains, Recovery & Wellbeing Lead DHCFT, James Ilott, Policy Manager, Rob Lowe, Senior Policy Officer, Derbyshire County Council.

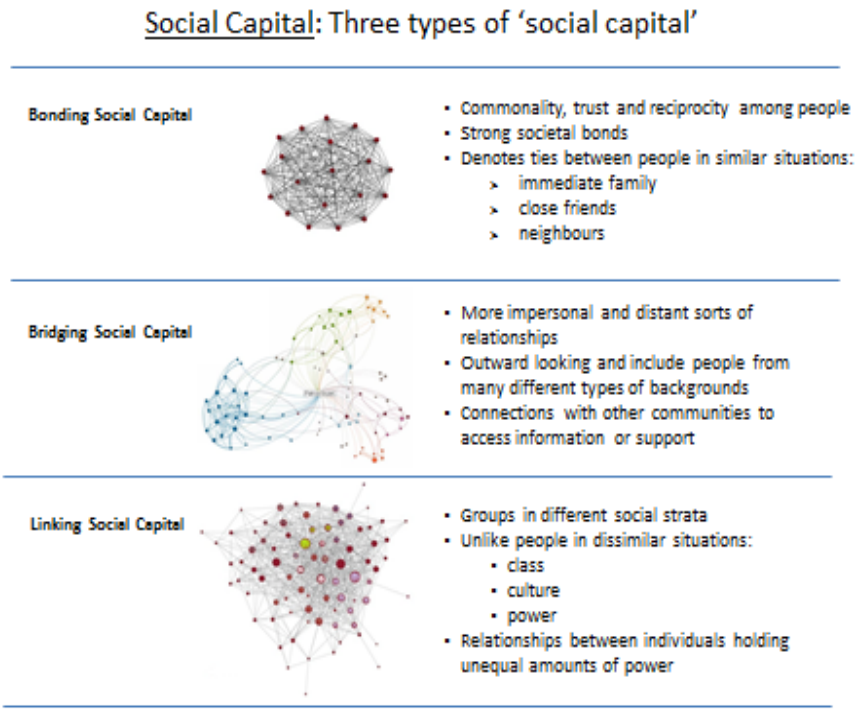
Overview of session:

What is social capital?
Health and wellbeing and social capital
What does social capital look like in Derbyshire?
How can we support the development of social capital?

What is social capital theory?
Social capital is a theory that describes an (invisible) feature of society. It is the metaphorical glue that holds society together and recognises that social relationships matter - totalling more than just 'the sum of its individual parts'. Social capital is part of wider 'Capital Theory' which includes Physical (publicly or community owed assets), Human (skills and knowledge) and Economic (wealth) which are all resources important to strong communities.

What social capital looks like

Social capital manifests itself as a web of co-operative relationships and networks, interpersonal trust, strong norms of reciprocity, mutual aid and collective action. It is more than just the interaction between the goods and services within a community.

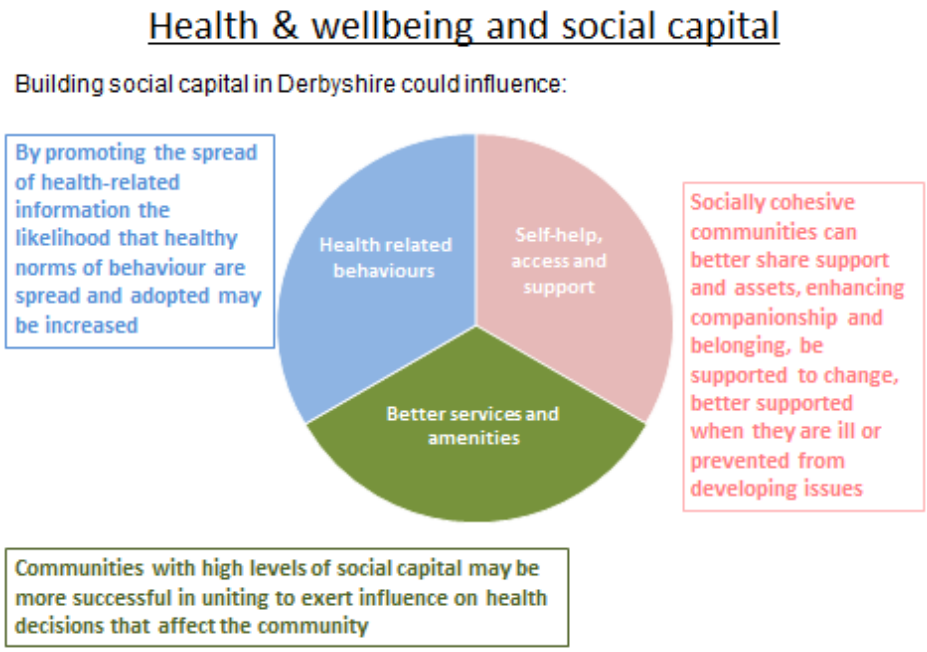


What social capital does

A society with high levels of social capital can foster social cohesion with beneficial outcomes. For example, trust between members of broad networks 'oils the wheels' of social and economic exchange, allowing group members to draw on favours, circulate information and gain better access to opportunities.

These links and networks enable communities to resolve problems more easily and improve lives. Communities have many resources, capacities and capabilities, and good networks help serve as channels for the flow of helpful support and information.

Bonding Social Capital denotes ties between people in similar situations, such as immediate family, close friends and neighbors. Bonding Capital may be more inward looking and have a tendency to reinforce exclusive identities and homogenous groups.



Bridging social capital refers to those more impersonal and distant sorts of relationships that are outward looking and include people from many different types of backgrounds. Bridging social capital may include people across social divides.

Linking Social Capital, reaches out to unlike people in dissimilar situations (such as across class or institutional divides), particularly relationships between individuals holding unequal amounts of power. Linking social capital is much more difficult to achieve can encompasses power, cultural and political boundaries.
Beyond the measurement of social capital (which is not to be underestimated) there are difficulties with building the different forms of social capital;

A number of studies have linked the presence of social capital in communities with interesting and important health outcomes, especially the possibility that social capital influences the relationship between socio-economic disadvantage and health inequality.

Where social capital is high, people can live healthier, happier and longer. Communities become stronger, more resilient and supportive. People shift their perspectives, become more connected and responsible for their own actions and how this affects others.

In Derbyshire the Health and Wellbeing Board (HWB) recognises that building social capital within our communities is important in improving the health of our residents and creating a sustainable health and social care system.

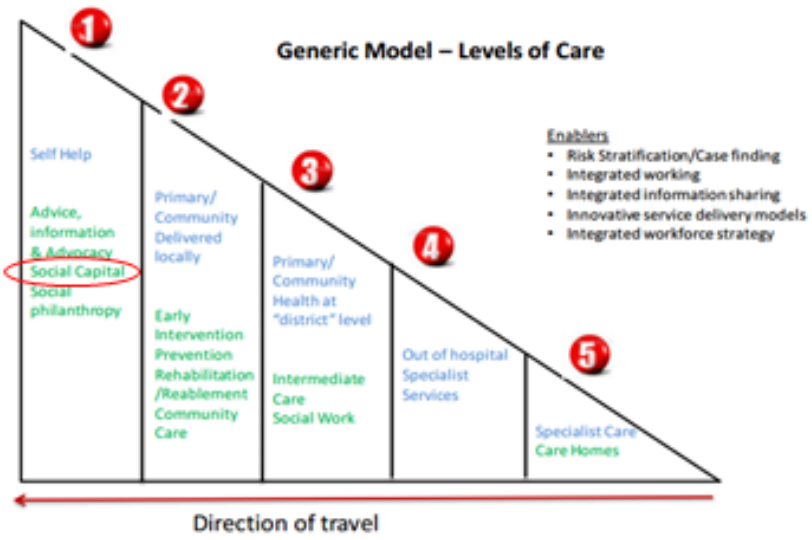
Derbyshire's Better Care Fund plan sets out the HWB's ambition to facilitate the development of social capital within communities and promote this approach to develop wellbeing.

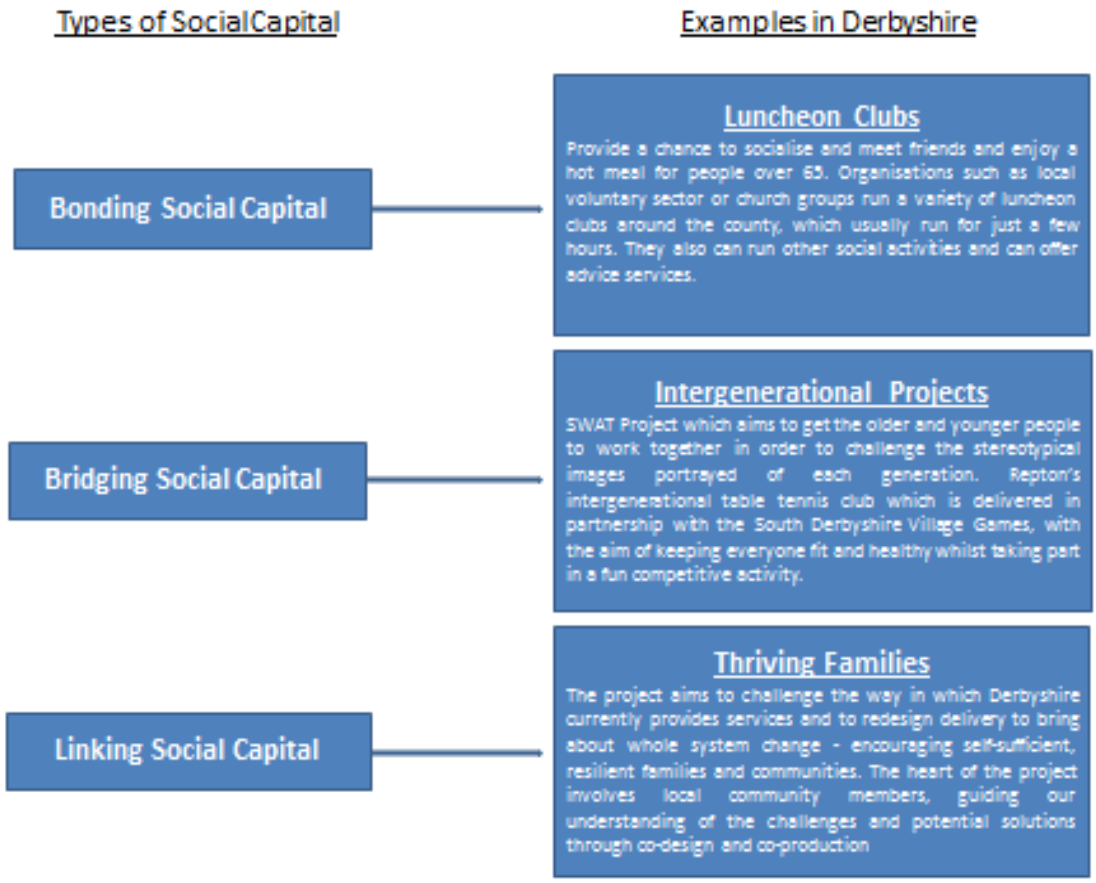
The HWB is working on a co-ordinated approach to supporting social capital and community resilience with a particular focus on the preventative/ self-help level of care and support. It is hoped that this increased social capital will lead to more care taking place within the community, preventing more serious health problems and subsequently a reduction in hospital admissions

Better Care Fund Wedge

The Better Care Fund (BCF) creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their well-being as the focus of health and care services.

Derbyshire Wedge





Roundtable discussion outcomes

Question 1 – Where are our strengths and assets?

The discussions seem to indicate there is much activity that goes on in Derbyshire communities that links to social capital. Volunteering was mentioned universally as a key element to the building of social capital and things that we do well, believing that the voluntary sector is strong. VSPA (Voluntary Single Point of Access) was mentioned as a good opportunity to help build social capital.

It was understood that geographical communities and communities of interest tend to have lots of bonding capital; but also warned that communities had lost a certain sense of community and togetherness, declining over the last 50 or so years.

Some good examples were given that demonstrate both bridging and linking capital, but some seem to be less about geographical communities and more communities of interest. The following organisations are demonstrating bridging and linking capital: Derby University, Derby College, Derbyshire mental health forum, Carer's forum, Mental Health Action Group, Care-coordinators and Job-centre plus.

Question 2 – Where are our deficits?

It was recognised that Derbyshire is a large and diverse place with a difficult geography. Participants' spoke of the need for local authorities to help with the social capital agenda and look to support people in ways that work, are actually needed, and implement measures which enable community activation.

There was a general feeling that there is a lack of community support for children and young people as well as disadvantaged communities lacking the confidence and attitudes to come together and support each other. One group spoke of the effect of things such as zero hours contracts on communities and the belief that government's voluntary sector agenda is asking people to do more for less, with no security.

It was felt the VSPA (Voluntary Single Point of Access) has helped with signposting and directory, but there still exists a need for work linking organisations together. The linking up of organisations across Derbyshire could provide increases in social capital, and would alleviate knowledge gaps and poor signposting which makes accessing mental health services difficult. It was mentioned that some individuals and even small organisations have no access or links to others, which leaves them vulnerable in this economic climate.

Question 3 – What are the barriers? And what support is needed?
There was a general sense in the discussions that voluntary groups needed volunteers and that without them people can't be helped at the grassroots level.

One group spoke of the often political and transient nature of community support being another barrier. Often people and agendas move on too quickly, thinking is short term and therefore support to build social capital is lost and confusing. Others mentioned that this can lead to a lack of 'buy-in' for top down community initiatives which negatively impacts funding in communities and then there aren't enough services available when needed. Also, changes in political priorities make it harder to continue with good practice.

Barriers mentioned were the tension that arises between services and communities with language, terminology and bureaucracy.

Lack of knowledge at all levels, including GPs was also seen as a barrier, and social capital could alleviate this as it can help the flow of useful information. It was suggested that more groups and events – more information and signposting to publicise and inform could be held, but this raised the question of where this would be and how it would be done.

Question 4 – How can we do things differently? What needs to change?
It was recognised by all groups that community groups need to work more closely with each other. It was mentioned that there needs to be a good and thorough asset of provision in communities to understand the gaps and look to join people together, as well as finding examples of best practice organisations and approaches.

It was recognised that we could also look at 'community' in a different light, to not just be about geographical populations, but also social, e-community and work-based groups.

It was also suggested that all services need to work closer with communities to understand their needs more and what would work.

Connecting and valuing our community assets

Spotlight on Action for Blind

- **Andy Buchan - Area Operations Manager**
- **Ravi Sharma - Project Coordinator (BME Project)**
- **Kate Lloyd - Senior Counsellor (East Midlands)**

Who are we?
A national charity with local reach, Part of the RNIB Group of charities.

Black minority ethnic (BME) communities are at higher risk of developing certain eye conditions due to genetic background, lifestyle and nutrition. Current data shows they are less likely to access visual impairment services. In 2012 just 9% of clients supported were from a BME background.

We provide support for independent living, including our "living with sight loss" courses. Employment services and assistive technology.

Introducing Action Talking Therapies Network

Common presenting problems and concerns are**;**

- Work / study related
- Interpersonal
- Social functioning
- Living standards and welfare

Clients often have:

- Feelings of bereavement and loss
- Panic and distress
- Loneliness and isolation
- Depression and Anxiety
- Low self esteem
- Other Physical issues

25.4% of clients counselled are assessed as being at risk of suicide
The service is offered to Visually Impaired people, their friends, family, parents and carers of people and who are Visually Impaired.

- We offer home visits
- The service is free of charge

Action Matrix

Ref	Action	Update and progress
1	1.1 Volunteering strategy including options appraisal 1.2 Monitor and present REGARDS data for volunteers	Tabled for 20 October 2015 meeting Jo Downing
2	Complaints analysis by REGARDS/equality groups	Full year 14/15 report to be shared at 20 October 2015 by Anne Reilly, General Managers and Pete Henson. Anne Reilly has piloted in Q1 14/15 complaints. AR taking to complaints meeting. Report will focus on comparison of number of complaints by REGARDS compared to service user REGARDS demographic. The proportion of complaints made by REGARDS groups and issues.

3	Carer's update	In a report from the RCGP in 2013, 'Summary report on GP practice journeys towards improved carer identification and support', it confirms 'There is no longer any national funding to help practices to identify and support carers'. DCA have however introduced a Carers Pledge http://www.derbyshirecarers.co.uk/carers-pledge which many surgeries have signed up to, which includes keeping a carers register. Derbyshire Carers Association are still supporting the Carers Champion network in GP surgeries, and hold a list of the Carers Champions.

4Es Stakeholder Alliance Meeting Dates

4Es meetings are to held on a quarterly basis from 10:00am to 12:30pm. A discussion took place and it was decided that there would be a neighbourhood focused approach, which will include organisations and stakeholders within each neighbourhood. There will be one overarching meeting per year, where all the neighbourhood representatives will meet and

- 23 February 2016 – Chesterfield
- 21 June 2016 - Swadlincote
- 18 October 2016 - Belper
- 20 December 2016 – Derby

Attendance and Apologies

Attendance:

Marie Hickman (DHCFT)
Christine Williamson (Membership Champion)
Mark Todd (Chairman, DHCFT)
Sandra Austin (Committee, DC SDMHCF)
Shirley Houston (Engagement Officer, DHCFT)
Jose Rodgers (Carer, North Derbyshire Mental Health Carers Forum)
Maurice Laurence (DCC)
Raj Bali (Independent)
Ravi Sharma (Project Coordinator Action for Blind)
Andy Buchan (Area Ops manager, Action for Blind)
Kate Lloyd (Senior Counsellor, Action for Blind)
Jo Beck (Customer Service)
Suman Gupta (MHAG Rep)
Sara Bains (Recovery & Wellbeing Lead, DHCFT)
Alex Cope (Member of MHAG)
Angela Kerry (Manager, Derbyshire mental health forum)
Ruth Jackson (Carer, Derby City South & Derbyshire mental health carers forum)
Karen Billyeald (Service Line Manager DHCFT)
Pauline Gill (Independent)
Jagjit Gill (Independent)
Mathew Allbones (Project Coordinator) Citizens Advice/Law Centre)
Fadhil Hussain (Project Coordinator Action for Blind)

Apologies:

Robin Ash (British Deaf Association)
Kathryn Lane (General Manager, DHCFT)
Moira Kerr Public Governor
Maura Teager (NED DHCFT)
Steve Trenchard (Chief Executive and 4Es Chair)
Harinder Dhaliwal (4Es Co-ordinator, DHCFT)
Adbullah Shahjan (Chaplain, DHCFT
Honor Simpson (Making Space)
Lew Hall (Trustee, Derbyshire Mind)
Malcolm Greave (Carer, North Derbyshire Mental Health Carers Forum)
Wendy Slater (CPA Manager DHCFT)

The 4Es Stakeholder Alliance Newsletter is intended to give an update for stakeholder members about what was discussed at the previous meeting.

If you would like to attend the 4Es Stakeholder Alliance meetings or would like to be added to the circulation list of this newsletter and regular email updates from the group, please contact Shirley Houston, Engagement Officer, by emailing Shirley.houston@derbyshcft.nhs.uk or telephone: 01332 623700 ext. 33302

If you would like to find out more about our team and read all about our Mission and Priorities Statement then please visit our Website: www.derbyshcft.nhs.uk/about-us/equality-diversity/

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