

JSNA Project Highlight Report

Project: Health and Wellbeing Project
Reporting Period: November 2011
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Revision History

Version	Comments	Author	Date Issued	Status
0.1		D. Boardman	1/11/11	[Draft]
0.2				
1.0				

Project Current Status

- The Current state of the JSNA Project is green and it is anticipated the project will remain on target until March 2012
- The major risk for the project is the finalising of the profiles – due end November
- The major issues for the project are ensuring all feedback is captured and version control is monitored

Stakeholder Engagement Plan

- A JSNA stakeholder plan was completed early August and shared with all profile leads, the plan outlined officers responsibilities for keeping staff up to date on the JSNA progress
- Other engagement including VCS engagement is outlined below
- A workshop planned for 3/11/11 will specifically look at the Equality Needs Impact Assessment element of the profiles and leads will take this work forward with the support of the Equality forums (previously the Equality Advisory Groups). It is hoped that someone will attend for each profile (if not the profile lead then a representative requested by them)

VCS Engagement Event

- An event was held on 18th October at the Quayside Exchange, Sunderland, specifically for the Voluntary & Community Sector (VCS) with the main message to raise awareness of the JSNA, whilst the JSNA process has been around for a number of years this is the first time an event has been arranged with the VCS
- The format of the event was planned with Sunderland Community Network and the 5 VCS Area Network Co-ordinators who work closely with the VCS and it was suggested the less formal the better. A flyer was sent out to the 5 VCS Area Networks (who have access to all organisations signed up to the Compact), the Sunderland Community Network and the Health Champions
- The event was opened by Cllr Spedding in his role as member of the Early Implementer Health & Wellbeing Board and he explained the event was to enable the VCS to use the vast range of knowledge, data and experience they hold to help identify local need; find innovative and cost effective ways to meet that need through public service delivery by the voluntary sector. Attendees were asked to share knowledge and information about health and wellbeing issues and their impact on people within the community and to let us know what they do to support people across the City to have healthy and happy lifestyles and tell us what barriers they face
- Attendees were encouraged to discuss issues with policy officers who were assigned to each profile or to one of the Area Co-ordinators (a familiar face for some VCS members) and attendees who did not wish to speak to policy officers had the opportunity to write down any key messages on post it notes and stick them on the profile charts displayed around the room. We also had a wall for generic issues so attendees could discuss issues affecting more than one profile in one place

- 42 people attended the event with 30 people from across Sunderland's VCS, it was decided not to invite Council/PCT officers as they would outnumber the VCS and the aim of the event was to raise awareness and give the VCS the opportunity to tell us what's going on in their organisations not for officers to answer detailed questions
- At the event a number of VCS attendees requested more detailed discussions on specific profiles and this is now being arranged
- The event was the start of engagement with the VCS and this will continue to be followed up with regular requests for information and updates
- All information collated is in the process of being passed to profile leads for inclusion in the profile and summarised in a report for attendees

Next Steps & Timeline

- The plan is for a second draft of the profile to be returned by 1st November 2011 (it is hoped this will be as a final version, if not we need to know) with a final date of all profiles being finalised by the end of November.
- By the end of December all profiles will be uploaded on the Council website – the format of what this will look like is being discussed with Communications and the Intelligence Hub
- The process will then go through a number of Boards to be signed off in preparation for February's Early Implementer H&WB Board upon where the process will become fully signed off – however, the process will not end as it is iterative
- The Current state of the JSNA Project is green and it is anticipated the project will remain on target until March 2012

VCS Feedback Information

(Where indicated red these organisations would like a follow up visit)

Profile	Organisation & Contact Details	Comment
Life Expectancy	Nexus, James Third	Nexus with LA's and other partners have a smarter choices scheme which provides walking, cycling and public transport as a healthy alternative to the car and also to lead a more healthy lifestyle
	Action on Dementia Sunderland	Recognise the importance of carers in an ageing population – a lot of carers of people with dementia are over 65 themselves with their own health problems. Sunderland needs to start planning for increased dementia cases now – as 45% increase predicted to 2025
	Hetton New Dawn	People in their 80s and 90s coming to our activities – the social interaction we are convinced helps prolong an active long life
Cancer, COPD and CVD	Anon	Need to focus on prevention and healthy living
	WeAr Out	<ul style="list-style-type: none"> Anal cancer effects gay men disproportionately so whoever is tracking needs to work with We'Ar Out and Mesmac Suggest working with them on encouraging gay men and lesbian to check and the symptoms of cancer. Don't trust general health messages as a community Appropriate not cheaper medication for COPD saves money in the long run (my nurse practitioner said she would 'get in trouble' for prescribing more expensive drugs)
	Well2Be, Brian Cooper briankcooper@ntlworld.com 5281337	Very interested – offering help – learning how we can improve quality of life. Stress very important factor on wellness. We have tools to help
Mental Health including dementia, suicides and improving support and recovery for people with mental illness	Action on Dementia Sunderland Ernie Thompson	<p><u>Issues</u></p> <ul style="list-style-type: none"> Approx 60% of people caring for people with dementia will be over the age of 65 and have their own care needs, including mental health needs which may emerge as a direct result of caring for someone with dementia, some possible suggestions include: <ul style="list-style-type: none"> Crisis teams for dementia. These services are available for young people with functional issues but not available for older people Hospital Visitors, Supporting carers, helping patients settle back into their home could all free up hospital beds and enable people with dementia to live independently in their community. Reductions in older people's services could risk increasing health inequalities in the city. An ageing population means that health needs will increase so it is important to get systems in place now, to ensure the city can meet future needs effectively. High risk of dementia sufferers being scammed or conned. Inconsistency in GP support. Variation between people who are referred for memory assessment and those you aren't. (New memory protection services should help). <p><u>Service gaps</u></p> <ul style="list-style-type: none"> Need to provide social activities for people with dementia and their carers – engage them socially, reduce social isolation e.g. befriending services for people with dementia, and peer support groups for carers Greater consultation needed with carers regarding the care of dementia patients Awareness raising needed to reduce stigma and make people aware of the signs of dementia
	Well2be. Brian Cooper 0755488873 briankcooper@ntlworld.com	Stress management in real time
	Groundwork North East	Green Activity Programme, Allotment and walking programme, Current mental health/learning disabilities service users attend Hendon community allotment
	Bridge	Protect services provided by voluntary sector that act as early intervention or preventative services. Every person needs dignity
	Sunderland Washington Mind	Admissions to mental health – clients can self refer and go through telephone triage
	NECA	<ul style="list-style-type: none"> Easier voluntary admissions to mental health units

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	Lisa Waite/ Gayle Woodroffe	<ul style="list-style-type: none"> Faster targeted help for those with substance misuse problems and more joint working and care planning Dual diagnosis – mental health services need to be provided alongside substance misuse services rather than separately Crisis team needs to provide quicker response
	Sunderland Carers Centre Ailsa Martin, 5673232 ailsa@sunderlandcarers.co.uk	<ul style="list-style-type: none"> Carers – including YOUNG CARERS have particular stresses caring for people with mental illness or dementia Need to acknowledge and support carers including flexible services and early intervention for the cared for
	Action on Dementia Sunderland Ernie Thompson	<ul style="list-style-type: none"> Disappointing that dementia has not been identified as a condition with its own specific profile. This includes equal opportunity issues e.g. crisis service for people with dementia Dementia profile – the 'doing' section only refers to funded activity BUT missing basic detail about foundation that VCS are providing to enable PCT to work
	Trinity Youth, Deb Walker debbiewalker@trinityyouth.org.uk 01670531843, 07946267152	LGBT – 25% more likely to use mental health, particularly males under 25
Reducing or Preventing hospital admission/Care closer to home	Action on Dementia	<ul style="list-style-type: none"> Need appropriate assessments for dementia, correct aids in the home could help reduce the pressure on carers as well as prevent strain on carer services and hospital admissions People not able to access Farmbrough Court post hospital discharge, meaning they may require further help in the future. Further clarification is needed on the entrance criteria Need easier access to aids and adaptations in the home for people with dementia Require additional assisted housing schemes Work includes helping people through their treatment journey in hospital, this reduces hospital stays (reduces time in hospital) and also help support carers, this helps prevent people from coming back into hospital or staying as long Working primarily with volunteers for service delivery. It would be better to run service with paid staff Importance of listening to what people need and want as well as their carers needs – invest to prevent Require a joint needs assessment for individuals with dementia – looking at their physical wellbeing and mental health as well as their carers. Need clear pathways between GPs and specialist services in hospital Offering people access to services currently on offer as well as being able to access the other services they need (personalisation agenda). For example access to appropriate travel
	New Dawn Hetton	We have a befriending visiting service – this helps avoid people being taken into hospital because they can be helped at home
	Age UK, 514 1131	Hospital discharge, re-ablement, low level support – Talk to us
	ICOS, Michal Chantkowski	<ul style="list-style-type: none"> Working closely with Links – find this is working well – they are undertaking research with the Polish Community and are hosting male / female separate groups Mental health issues – there is a high suicide rate amongst all deaths in the Polish community in England. This could be caused by financial pressure (having to send money back to their family in Poland) or relationship difficulties (living so far away from their families). If more could be done it could help avoid hospital stays. When practical provide care within the home setting. Focus on support and prevention. Deliver services at a local level where possible to make them more accessible All GP services are different to each other – not always accessible to migrant communities. ICOS is conducting ongoing work with GPs Walk-in centres work differently in Poland to Sunderland – information on how they work and how to access them could be improved
Tobacco	WeAr Out	Smoking is more prevalent in the LGBT community nationally. How do we plan on targeting this community?

Profile	Organisation & Contact Details	Comment
	Well 2 Be (not for profit organisation), Brian Cooper, 0191 528 1337	I am interested in getting involved in helping people to be able to give up smoking – stress is the major factor and I have a range of tools to help with this
	NECA, Lisa Waite & Gayle Woodruffe	Free stop smoking for all, CNRT/Champix prescriptions for those who work as well as those on benefits
	Anonymous	<ul style="list-style-type: none"> Involve businesses to offer incentives for staff to stop smoking, for example; finish work 15 minutes earlier/free coffee and fruit funded by the Council Provide greater levels and awareness around the dangers of substance misuse in schools, start education in primary
Sexual health	Washington Mind Jgash05@aol.com	Educate mentors in colleges and schools to signpost young people (husband is a mentor and as such has existing trust of young people but no training into where to signpost)
	Springboard	Spring into health with springboard – event in November where will offer Chlamydia testing, fruit kebabs and advice from NECA
	We'ar Out!	HIV testing @ We'ar Out – new service – could do with help in promoting – for heterosexual population as well. Are there HIV clusters in Sunderland? GPs generally don't get 'lesbian' sexual health – e.g. recommending lesbians don't need to have cervical cancer tests
Reducing/preventing Substance Misuse	NECA Lisa Waite, Gayle Woodruffe NECA, 12 John Street, Sunderland, SR11HT 0191 567 2678	<ul style="list-style-type: none"> Education of companies to refer staff for help rather than dismissing employees. This could be time-framed, e.g. 3 months to engage and change with regular support and updates Link with social isolation and alcohol Link changes and older people Drug and alcohol use in ethnic minority groups - economic – youth in a different country No information in other languages Access to these services could be promoted in Polish leaflets Care navigation Increased resources Single shared assessment Keeping patients in hospital longer post detox to monitor withdrawals and invite psychosocial practitioners into hospital to begin community treatment
	Age UK	Issue with prescription drugs – people may have used these drugs for years but not had any support to reduce them or stop
	We'ar Out	<ul style="list-style-type: none"> Need to make sure the language services use when advertising their services is inclusive and specifically targeted for LGBT groups Don't make assumptions – not everybody is the same. Using a heterosexism approach isn't helpful for the LGBT communities, use of this type of language could mean people exclude themselves from services or services exclude them
	ICOS Michal Chantkowski	<ul style="list-style-type: none"> Translators need to be available in treatment agencies. Need to raise awareness of services and make them accessible for all There are some members of the Polish community who use drugs, including cannabis and this can lead to mental health problems. There is limited help available for either drug use / mental health issues Treatment agencies do not offer information in other languages so people from minority communities may not know where to go for help or the help that is on offer Hidden drug / alcohol users who are in employment – not accessing help. Employers are not challenging the use if the work is being completed Require research on the needs of minority communities, i.e. drug and alcohol needs Counselling and information especially for young people
	Carers Centre	From a carer perspective need to ensure carers of people who abuse substances are given all opportunities of other carers. Services need to be much better at follow-up after detox and other interventions – carers often coping with relapses etc

Profile	Organisation & Contact Details	Comment
		unsupported by services for addict.
	NECA Lisa Waite	<ul style="list-style-type: none"> Better education about diabetes – catch at pre-diabetes Cheaper gym and swimming for all rather than free for some Leisure Centres to be open out of office hours longer particularly weekends and Bank Holidays. Sports facilities seem to be run to suit staff rather than anyone who might have a job
Obesity/Achieving healthy weight	NECA Lisa Waite, Gayle Woodroffe NECA, 12 John Street, Sunderland, SR11HT 0191 567 2678	<ul style="list-style-type: none"> Education of companies to refer staff for help rather than dismissing employees. This could be time-framed, e.g. 3 months to engage and change with regular support and updates Link with social isolation and alcohol Link changes and older people Drug and alcohol use in ethnic minority groups - economic – youth in a different country No information in other languages Access to these services could be promoted in Polish leaflets Care navigation Increased resources Single shared assessment Keeping patients in hospital longer post detox to monitor withdrawals and invite psychosocial practitioners into hospital to begin community treatment
	Groundwork North East Colin Farr colin.farr@groundwork.org.uk 0191 5672550, 07796 148647	Current Provision – Green Activity Programme – allotment and walking programme (citywide) – part of the Sunderland Exercise Referral programme and Weight Management programme. Current challenge is increasing referral base (both through GPs and self-referral)
	Springboard Sunderland Gill McFadden	Intervention/information about obesity needed from a very early age.
	Anonymous	Physical activity and good diet and concise information would avoid obesity
	Well 2 Be, Brian Cooper Tel: 5281337 briankcooper@ntlworld.com	A new organisation very interested in developing courses/workshops for helping people to develop different lifestyles to facilitate weight management. Stress Management in 'real time' – stress is a major maintaining factor we can help.
	We'Ar Out!	LGBT population often find exercising difficult due to past history of homophobia. A gay specific activity programme would help overcome these issues – suggested a weight watchers type programme
Increasing/Improving Physical activity	Anonymous	<ul style="list-style-type: none"> There is a need to target parents/carers – make them aware of the benefits not only for themselves but also their children Get parents into active lifestyle – get pattern started early then will encourage their children to join in Physical activity for children and young people often relies on the commitment of their parents/carers Q. Anyone doing no cost activity for people on benefits? Invest more in low cost exercise – cheap low cost access to exercise at local venues Encourage schools to provide a greater emphasis on physical exercise and its benefits Ensure that support around healthy living is accessible Focus on prevention Encourage social enterprise e.g. if people on 'quit smoking' courses can contribute money they are saving to join facilities e.g. fitness classes/gym
	NE Sport Peter Curtis - Director	<ul style="list-style-type: none"> Need to change mindset of parents – need to promote to parents the benefit of physical activity for their children (develop social skills, life skills) Need more physical activity opportunities for young children from age 2yrs

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		<ul style="list-style-type: none"> Hire costs of sports halls too expensive – promote the use and make better use of outdoor space for physical activity
	Age UK	<ul style="list-style-type: none"> Please talk to us - Older people and physical activity How to promote/encourage - Cost involved – Accessibility – Enjoyment?
	Hetton New Dawn Paul Finch (Treasurer) 0191 5261182 (Home)	Current provision – we have in our community hall indoor bowls and 'Be Active – Be Fit' gentle exercise for the elderly in a friendly easily accessible setting
	Groundwork North East Colin Farr colin.farr@groundwork.org.uk 0191 5672550 07796 148647	<ul style="list-style-type: none"> Current Provision – Green Activity Programme – allotment and walking programme (citywide) – part of the Sunderland Exercise Referral programme and Weight Management programme. Current challenge is increasing referral base (both through GPs and self-referral) In development – have developed a successful post-natal exercise programme in Darlington called 'Fit-Momas' – looking to obtain funding for this in the Sunderland area and work in conjunction with current pre/post-natal service provision in Sunderland Suggestion – incentives for businesses for cycle/walking (active travel) in Sunderland
	Washington Mind	Current provision – walking and cycling groups www.wellbeinginfo.org
	Nexus James Third	Nexus, in partnership with Las and other agencies operate the 'Smarter Choices' marketing scheme which promotes walking, cycling and bus/metro use as opposed to car usage
	We'Ar Out!	Q. Healthy Eating courses – anyone delivering these currently? We'Ar Out (LGBT) very interested. Allotment/Gardening – for exercise and wellbeing
Social isolation (Exclusion)	Action on Dementia	<ul style="list-style-type: none"> More emphasis and outlets needed for people with dementia to get their views across and not be ignored e.g. people just talk to carers. We run memory cafes but are looking to separate dementia sufferers from their carers as they both have different support needs. Organisations need to be supported – many help people and their carers enjoy day trips and other much needed respite. Many carers are over 65 years or disabled themselves – need to think about how to support this group. When someone has dementia often family and friends stay away, people get embarrassed to take person to a café in case they have problems eating or are disruptive. There are organisations who offer support groups where people can have a meal together, etc without any embarrassment. Hospital visiting service would be good – people need help when visiting people with dementia in hospital. A need for a befriending service particularly for dementia sufferers. Need more priority into facilitating early diagnosis of dementia – our organisation can provide support and peer support.
	We'Ar Out!	<ul style="list-style-type: none"> Trans community is hidden: 37% of trans people don't leave the house (Mesmac North East stats) Trans people isolated often due to hate crime – need to encourage more people to report for support. Issues around older trans people going into care homes needs to be looked at. As we don't know numbers of LGBT people in Sunderland, we don't know how many people are isolated. Only have some estimated national stats.
	Hetton New Dawn	<ul style="list-style-type: none"> Older people isolated in own homes. Need more support for organisations doing lunch clubs, other activities which get people out of the house and involved. We provide a lunch club to get people out of the house – on a weekly basis in mid Hetton. We want to expand to a site in Easington Lane. The need for this is overwhelming particularly with partially sighted and people with mobility problems. Organisations need additional support, perhaps just on a short term basis e.g. help with process of setting up an apprenticeship in our organisation.
	Age UK Sunderland	Come and talk to us

Profile	Organisation & Contact Details	Comment
	Julie Marshall, 514 1131	
	Elim Church pastor@elimsunderland.org.uk	<ul style="list-style-type: none"> Elim church meeting needs of 11-16+ in vicinity of our Durham Road building. Youth groups – Junior 11-14; Senior 14+ Elim Toddlers – twice weekly toddlers club meeting needs of parents and carers in Durham Road area. Mirror Image Ladies Group – keep fit, discussions, coffee evenings, pamper evenings, meals. An outlet for women who may have no other community connections.
	Washington Mind www.wellbeinginfo.org.uk	<ul style="list-style-type: none"> Links to walking groups and cycling groups, etc. There are a lot of activities out there but need to get info across to people who are isolated. Address social isolation by supporting VCS organisations which provide services to all sectors of the community Many carers, especially older carers/carers for older people and mental illness carers can become very isolated. Need to ensure that they are offered social opportunities e.g. groups/breaks with replacement care, support, etc. Need in reach services in order to begin to break isolation. Neca community integration. Help people with substance misuse problems look at life beyond drugs/alcohol through involvement in activities, sports, courses, getting employment-ready.
	Nexus James Third	<ul style="list-style-type: none"> Suitable and sufficient bus network to avoid social isolation, particularly evenings and weekends. Structured and consistent ticketing strategy which offers value for money. Some communities are more isolated than others. Non-scary transport! Too many people feel intimidated on some buses/metro, especially in evenings. Disabled access to buses - children's buggies, etc should be folded rather than take wheelchair places. Carers are not just in the older age bracket – need to think about other age groups – young, middle-aged who all have different issues and are isolated in their own way, and may not want to acknowledge that they are lonely/isolated.
	North East Sport Peter Curtis 07834424409	<ul style="list-style-type: none"> More work needs to be done with parents, e.g. when young person wants to join group/take part in activity, sometimes parents can't be bothered to take them would prefer them to play on x-box, etc. Need to find out number of people living on their own (e.g. from gentoo) – then can see how many people could potentially be isolated. More care is being moved from hospital staff to carers at home, particularly older family members. This can have a very isolating effect as always need to be at home to provide care. Need a link on Council website saying 'Are you lonely?' 'Do you have spare time?' Need community venues where people can meet and mix with ease.
Start in Life (& neglect, including child health?)	NECA Lisa Waite	<ul style="list-style-type: none"> Ensure that children centres and other providers (ie social services, schools, health) work more closely together to support the most vulnerable, share information and develop better form of communication between organisations. Good parenting and opportunities to learn. Better education pre pregnancy (Foetal Alcohol Syndrome) etc. have specialist services into school for drug and alcohol and sexual health – not just the PSHE teacher
	Hetton New Dawn	<ul style="list-style-type: none"> We provide a Lunch Club – it would give youngsters (NEET) a good start to help out serving meals – good for CVS, Sunderland and Intergenerational contact. Accessible/affordable training/education opportunities for parents/carers opportunities to progress to employment
	NE Sport	It is the best time to build from Key role for parents to get children involved
	Elim Toddlers Group, ChurchOffice@ElimSunderland.org.uk	A twice weekly group offering help and encouragement to parents and carers.
Emotional Well-	International Community Organisation	<ul style="list-style-type: none"> Long working hours for polish workers can often lead them to feel isolated

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Being	of Sunderland Michael Chantkowski michael.chantkowski@icos.org.uk 07926984180	<ul style="list-style-type: none"> The language barrier can mean that parts of the community feel they cannot access the right services, in some cases this is for cultural reasons too The lack of being able to communicate effectively can lead to stress Current language point services do not offer the type of personal involvement that is needed to help promote better wellbeing Disabled foreign nationals currently do not have access to information in the native language to help them access help and services ICOS WOULD LIKE A VISIT TO TALK ABOUT THIS ISSUE IN DETAIL
	Trinity Youth, Deb Walker debbiewalker@trinityyouth.org.uk 01670531843, 07946267152	<ul style="list-style-type: none"> Sexuality and gender issues need to be considered when designing wellbeing services It has been shown the LGBT community in Sunderland would like a listening ears service – this shows a gap in the market Creativity for wellbeing – need to know the pathways for referral
	Elim Church pastor@elimsunderland.org.uk	Inclusive groups to improve quality of life for people near Durham Road
	Bridge Sheila Davison	<ul style="list-style-type: none"> Ensure services that fill the gaps i.e. listening services provided by the voluntary sector are protected. They respond to local need when statutory services have long waiting list Emotional wellbeing is aided by peer support and social activities e.g. memory cafes
	Well2be, Brian Cooper briankcooper@ntlworld.com 0755488873, 5281331	Stress management in real-time
Supporting people to live independently through improving their choice and control of care, support and daily living options	Sunderland Carers Centre Ailsa Martin, 5673232 ailsa@sunderlandcarers.co.uk	If carers are not supported who cares for them
	Hetton New Dawn	<ul style="list-style-type: none"> Activities are needed for older people, Hetton New Dawn provide a range of activities for older people and are trying to arrange networks with other groups in other areas Would like to find out more about apprenticeships and whether this scheme can help out with things like book keeping etc
	NE Sport, Peter Curtis, 07834424409 peter@nesportcic.com	Physical activity can help with emotional wellbeing and quality of life
Supporting people to live independently through improving their choice and control of care, support and daily living options	We'Ar Out!	<ul style="list-style-type: none"> Support for younger LGBT people living independently for the first time because they are pushed out of the family home. More support for gay men moving out following domestic abuse, there is no specialist help currently
	Carers Centre, Ailsa Martin	<ul style="list-style-type: none"> Recognition of carers providing a huge amount of support to enable this, so need carers assessments, support, breaks etc. Carers to be seen as expert partners
	Hetton New Dawn (independent living)	<ul style="list-style-type: none"> We need a few 'crumbs' to keep going for our tip top services Our support means people can live independent as nobody wants to be a burden in a house. A little help with funding as we are a local grass roots group can make all the difference
	NEXUS, James Third	<ul style="list-style-type: none"> Future promotion of the 'Bridge Card' scheme – gives people the confidence when travelling on buses/metro assurance. Shows transport staff they need extra help/assistance
	Anyonous	<ul style="list-style-type: none"> Transport access and benefits to allow people with dementia to travel in and around the community. Currently mobility allowance is only for physical disabilities More support in home to support people with dementia i.e.; over night care to give carers a break or during the day to assist with meals/ personal care This support often need only be quite 'low level' i.e.; a be-friending service for people with dementia. Support and emotional support especially for those who live alone
Well 2 be, Brian Cooper, 528 1337	<ul style="list-style-type: none"> Very interested in the personalisation agenda and how organisations can get involved 	

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	Age UK Sunderland	<ul style="list-style-type: none"> • Would appreciate someone to come along to speak to us • Low level preventative work is often the things that can impact on older people i.e.; gardening, handy person, shopping etc
Safeguarding	Washington Mind, Jane Gash jgash05@aol.com	<ul style="list-style-type: none"> • A programme to consider - Youth Mental Health First Aid • Sort term counselling for adolescents are being developed by Washington Mind
	NECA Gayle Woodroffe 5672678	<ul style="list-style-type: none"> • More resources in safeguarding particularly children, improved working conditions to increase staff retention and continuity for families • Ensure that safeguarding policy does not prevent vcs organisations and volunteers providing much needed services to the community • Safeguarding older people in their own homes – ie decent care. Not being left or put off with silly jargon. Some of our elderly people have not got a voice and are left behind – basically left to die • <i>My comments in relation to above comment: Safeguarding in health, drop in morale in hospitals in the 3 or 4 months, people have to fight for good treatment, staff too busy, need to safeguard against poor health</i>
	Sunderland Link, Chris Swan	Safeguarding in private hostels, issues for adults, unsure who responds
	NE Sport	Safeguarding issues can get in the way sometime, example provided, if a child falls over during a sports activity and begins to cry, a cuddle might be what is needed but the worker would be afraid to comfort the child!
Access to services which impact on health& wellbeing and healthy urban planning	SCC Area Community Coordinator John Rostron John.rostron@sunderland.gov.uk	<u>Service gap</u> : Poor transport links between service providers in Washington. People feel 'stuck'.
	Groundwork North East Colin Farr	<u>Service gap</u> : Increase number of allotments to reduce waiting times. Allotments should be a priority given that they improve outcomes across multiple spheres – mental health, green space, physical activity.
	NE Sport CIC	<u>Service gap</u> : Green spaces for young children to get them involved in physical activity from an early age (e.g. football for toddlers).
	Action on Dementia Sunderland	<u>Issue</u> : People with dementia have difficulty using public transport and mobility allowance doesn't cover taxi fare.
Homelessness, Hostels, Rough Sleeping and Migration	We'ar Out Deb Walker	<ul style="list-style-type: none"> • Many Lesbian, Gay and Bi-sexual (LGB) young people become homeless, usually because of family breakdown as a result of sexuality, or of young person not feeling part of the family. Deb stressed the need that separate units need to be available for LGB young people, as if they are placed in accommodation with non-LGB, they are quite often bullied and in a worse position than at home. • Deb said that there are 8 units in Newcastle for LGB homeless people, and that these cover the whole of the region from as far north as Berwick to as far as South Teesside. There are no units in Sunderland, and this is a need. She felt that an organisation such as Centrepoin would be interested in developing something like this. • Deb said that many transgender adults become homeless. They often do not feel safe in the communities they live in. She felt that more regional work was needed – many transgender people move to Newcastle, as they think this is a better option, only to find that it is not always. • 50% of young people nationwide identified as LGB/TG (2001, O'Connor) • Need a LGB focussed assessment on all issues, not just homelessness, though this would need to be a factor. This would help understand the holistic picture for this group of people (also copied to the generic section).
	NECA Lisa Waite Gayle Woodroffe	<ul style="list-style-type: none"> • Work should be done with SAFA to support army personnel who, after they leave the forces, often have broken relationships, coupled with / as a result of mental health issues. Many NECA clients are homeless, however because many are single young men they are classed as less vulnerable. There is a need for some kind of 'home' for 18-25 years old men, where they can learn to be self-sufficient. The idea would be that this is not a hostel, but something like a student house with a 'house-master'. In-house services could be provided to support them with life skills. (WWIN have developed a similar model, though obviously specific to DV. This model could be used as a base to develop something more appropriate. • In relation to the above, though in a separate conversation, Gayle supported the above and added that places should be made

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		<p>available to those who had specifically shown desire and motivation to make changes in their lives.</p> <ul style="list-style-type: none"> • She felt that some hostels where young men are placed have appalling conditions. Not only should these conditions be improved, but there should be stricter sanctions on providers of hostels/temporary accommodation. This could include: • Regular inspection with outcomes being followed up and challenged • Hostels being made to be accountable for how they spend the housing benefit received for those being placed with them and how they are using it to buy in support for the people placed there
Housing (Physical Condition)	Action on Dementia Ernie Thompson	<ul style="list-style-type: none"> • Support to enable people to remain in their own home is much better for individuals with dementia as it improves wellbeing. Support for extensions or facilities to aid care arrangements would also be cheaper in the long-run than providing care in a different setting. • There is a strong link between housing quality and suitability and number of accidents that occur by ensuring that facilities are appropriate the distress and costs of accidents can be reduced. • A care or befriending service could form a cheaper alternative to some care as they would be able to pick up on housing quality issues and let organisations know what is needed. These also improve the wellbeing of individuals • There is a need for secondary care facilities as these really improve individual's lives
	We'ar Out Deb Walker	<ul style="list-style-type: none"> • There is a need for better housing provision for transgender people. To increase security and feelings of safety it might be helpful to provide housing in the same area • There is a need for housing for LGB youths who are forced out of their homes. There is a sense that they need to go to Newcastle and there is no awareness of more local support
	Anonymous	<ul style="list-style-type: none"> • Lettings policy needs to ensure people with disabilities /illness have suitable adapted houses and given appropriate priority for suitable properties. Often people are assessed/discharged without support • Fuel poverty and warm homes, the quality of housing and insulation can be poor and contribute to winter deaths
	Sunderland Heritage Group	There is a need to update houses according to need and there should be information readily available to help people work out what additions they need and how they can access them
Low Carbon	Springboard Gill McFadden	<ul style="list-style-type: none"> • A metro service that runs 24hrs would be welcome to enable the reduction in public transport. People travelling to work during unsocial hours are forced to use their own transport (if they have it) • Wider access to public transport services, such as expanding the Metro further south to areas such as Durham • Bike hire schemes similar to that in London-reduction of motor vehicles in the city centre
	"Wear Out", Kris Heskett	More cycle lanes in Sunderland City Centre. People are deterred from city centre access because of the lack of cycle lanes and also in other parts of the city. This is leading to more cars on the road and an increase in fumes leading to health problems
	Sunderland CC	<ul style="list-style-type: none"> • Electric pool cars for staff and charging points • More local food needed from local suppliers
Accidents	Action on Dementia	<ul style="list-style-type: none"> • Housing and the facilities provided has a big impact on the number of falls and accidents that happen. People with dementia are at a higher risk of falling and need monitoring and befriending services to keep an eye on them to make sure everything is OK • The hospital discharge process needs to be improved to reduce the risk of falls and accidents. The current assessment is not comprehensive enough and misses people out. There is lack of a clear process to make sure everyone gets an appropriate assessment of housing so they can go home to an appropriate place with the facilities and support they need • There is a shortage of physiotherapy and support for people with dementia who are discharged and too severe a cut-off for eligibility which can undermine recovery and causes increase risk of accidents
	Anonymous	<ul style="list-style-type: none"> • There is too much road furniture and signage which causes accidents and makes it difficult for cyclists • Pavement heights and other street scene features need to be considered for people with buggies or wheelchairs and mobility problems. This has improved but there are still areas where it can be difficult and cause accidents

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		<ul style="list-style-type: none"> Prevention of falls by increasing the number of support workers attending to more people in their home. IF there were 2 rather than 1 they would be better able to help people and fewer accidents would happen when people are being moved. There is also a need for better assessments for aids and equipment to make sure people have what they need to prevent accidents at home, poor or inappropriate equipment and a lack equipment all cause accidents
Crime/perception of safety	ICOS	<ul style="list-style-type: none"> People are discriminated because of where you are from. Picked on and shown that you are not welcome. Difficult to move house if having problems in an area – hard to find support or finances. Sometimes feel that police may not feel an incident is a hate incident or don't want to report it as such due to extra work it entails. Drug use can be a problem in some of the more isolated areas e.g. Coalfields
	We'Ar Out!	<ul style="list-style-type: none"> 90% of homophobic incidents don't get reported. People need to know that it's worth reporting. Many people in same sex relationships suffering domestic violence. Tuesday night = Gay night in Sunderland, but what about the rest of the days of the week. LGBT people need to be welcomed at other venues/other nights/other areas, etc
	Nexus James Third	<ul style="list-style-type: none"> Promotion of CCTV on buses and metro. 95% of all services have CCTV. Increased policing on metro. Increased security on bus/metro stations. Link between ARCH incidents which contain public transport issues/environment and sending out Bridge Cards which enable confidence when using services.
	NE Sports	<ul style="list-style-type: none"> Deliver diversionary activities – sports which can address crime and safe communities Need to make sure there are purposeful and good quality meetings between different groups of people – not just forced together with no common ground Need to divert young people to worthwhile activities
	Action on Dementia	<ul style="list-style-type: none"> Dementia sufferers particularly people living on own are very vulnerable to cold callers/scams Support multi-agency community forum which address wide range of issues which help reduce the fear of crime and improve the overall sense of community safety
Family, financial & household resilience	Elim Church Keith 07747864786 info@sunderland.foodbank.org.uk	<ul style="list-style-type: none"> Elim Church has established the Sunderland Food Bank. They have collected food from the public by asking shoppers in supermarkets to donate one item and they now have a stock of food to make up food packs for families in need. He will be using the church in the first instance, but would eventually like to use a local café as a distribution point. The intention is that families will come to the café, have a cuppa while the food parcel is being made up, and have a chat, possibly teasing what other issues the families are facing and providing support in that way Keith would like the following support: <ul style="list-style-type: none"> Practitioners from within public services to help identify families in need Help to create a network to operate a voucher services Help developing signposting for families when they identify issues
	Dementia Society	Good advice is needed on what benefits are available. Older people are often unsure of this, so benefits go unclaimed.
	NECA Lisa Waite	<ul style="list-style-type: none"> Loan sharks and "Bright House" need to be challenged, as they prey on vulnerable families. Credit Unions could be promoted in the poorest areas – many families use these already for such things as Xmas savings. Need to provide support to families to stay together – often single parents are better off financially than couples Promote support for people to manage their households NECA provide support for families/carers of substance users as well as the user themselves.
	Carers Centre	Endorse "Whole Family" approach of services, e.g. awareness of young carers getting opportunities to learn/work, adults not being

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	Ailsa Martin	able to work as they are caring, impact of addiction, etc.
Learning & Attainment	Springboard Sunderland Gill McFadden	<ul style="list-style-type: none"> Foundation Learning branded excelr8 Feels that there should be more practical learning opportunities particularly for those learners for whom academic subjects are not the most suitable route Q. How will some learners be affected by changes to exam system? Some learners do not perform well under exam conditions – how can we accommodate different learning styles and associated methods of assessment?
	Bridge	<ul style="list-style-type: none"> Concern around the costs of education and learning. Equality of access to learning provision – e.g. fee remission (contraction of fee remission) Household based assessment – eligibility for financial support for learning
	Groundwork North East, Colin Farr colin.farr@groundwork.org.uk 0191 5672550, 07796 148647	Existing Provision – Groundwork NE offer training to people to become a Volunteer Walk Leader
	Hetton New Dawn Paul Finch (Treasurer) 0191 5261182 (Home)	<ul style="list-style-type: none"> Existing Provision – lunchtime club for the elderly Unmet Need – technology skills such as; texting, email, skype Suggestion – we should encourage more intergenerational activities associated with learning. Young people could ‘educate’ the elderly in ICT skills and everyday technologies.
	We’Ar Out!	<ul style="list-style-type: none"> Gap in provision for transgender people to help them re-engage in employment There is a need to increase awareness at an earlier age of homophobia and transphobia in order to reduce social isolation and exclusion
	Anonymous	Learning is not always about attainment – for older people it is about leisure and not about qualifications for work. [Informal Learning]
	Well 2 Be, Brian Cooper Website, Tel: 5281337	Existing provision – new organisation described as an ‘umbrella’ group of specialists such as; nurses, NLP practitioners, Art Therapists, Hypnotherapists, Condition Management experts. Holistic support – wellbeing. Creates more positive thinking, motivation and aspiration.
	Church – Durham Road	Comment made: Underachievement in young people – excluded from school – caused by underlying family issues and needs to be addressed in parallel.
	Community Volunteer	<ul style="list-style-type: none"> Important for young people to have positive role models. Mothers who have taken time away from learning and/or employment to raise a family often struggle with low confidence and social isolation. Participation in community activities can help to address this. Gap in employment opportunities in Sunderland – young graduates have tended to move away to find suitable jobs. Cost of education (higher tuition fees for university) may deter young people from low income families from progressing into HE. Gap – funding for community venues to deliver neighbourhood based provision. Community education is really valuable in engaging people such as women returners wishing to re-engage in learning and employment. Assertiveness Training is important and allows learners to become more confident and improve their aspiration levels.
Access to good quality work	Springboard Training Gill McFadden	<ul style="list-style-type: none"> Young people need more opportunities for work experience. It is difficult to find employers in the Sunderland Area willing to offer sustainable and useful work experience that will prepare young people for the world of work and open up potential job opportunities. Young people are finding it increasingly difficult to find jobs that match their skills, having some work experience that is meaningful and relevant to their qualifications would help their confidence and address other health related issues

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	NECA Lisa Waite/ Gail Woodruff	<ul style="list-style-type: none"> New businesses struggle in the early stages of setting up. One of the barriers to setting up new businesses are high Business Rates. Suggestions include having a Business Rate holiday for new small businesses to ease the financial burden and help employ more local people. Matching of skills needs with what employers actually need. Provide more free training for residents that will lead to sustainable work. Lower travel costs are needed to help those looking for work, maybe subsidised travel? Also parking charges deter people from taking jobs in the city centre and deter potential business from setting up and employing local people Mandatory programmes are not preparing people with the necessary confidence, training or skills to become more attractive to employers. Many of the providers of these programmes are not addressing the real needs of unemployed people. Expecting people to undertake intensive job search without addressing the underlying barriers to individuals has resulted in people taking jobs that are outside their skills and experience. People are changing jobs for many reasons and becoming unemployed due to a lack of training and appropriate advice and guidance. There is also a need for better integration of support services in Sunderland, for example working in partnership and
	Nexus James Third	Bus and Metro services are not always meeting the demand of shift workers and those working unsocial hours. The cost of public transport is becoming too expensive. We need a subsidised fares scheme for the unemployed to help them travel to find work
	"WearOut" Kris Heskett	Mandatory work programmes pose problems for LGBT clients such as bullying, there is also evidence of employers discriminating against such people either with regard to job applications or issues within the workplace
	Sunderland Carers Centre Ailsa Martin	A significant number of carers give up employment to become carers. We need to work with employers to find a way that will enable people to remain in employment and also have support with their caring responsibilities. There is evidence to show that such an approach has benefits to employers as well as carers and their families
	Anonymous Comment	There is a lack of employment opportunities for local people. Those educated in Sunderland generally have to travel out of the area to find work
	ICOS (International Community Organisation Of Sunderland) Michal Chantkowski	There are many barriers to immigrants in this area who are looking for work. Relationships with Jobcentre Plus are not always good. Translation services are not always available. There are often lengthy delays in processing benefit claims which prevent people from travelling to look for work. There is also a lack of ESOL provision making it more difficult for people to make job applications and look for jobs
	Bridge Project - Sunderland	It is difficult for some groups to access funding for some education courses. More courses need on "softer skills" to build confidence and enable people to feel more comfortable in looking for work
Digital Inclusion	Sunderland Food Bank Keith Ponsford	Free Internet access for use by people using the services of the food bank. Often residents use the food bank and have other issues including searching for work and researching issues such as benefits information. The project could provide a more comprehensive service. Other projects would also benefit
	Anonymous Comments	<ul style="list-style-type: none"> Important to acknowledge that older people can be excluded from communities if they do not have access to computers etc More information needs to be circulated about accessibility of free IT services and how to find out about them
Generic Issues	Action on Dementia, Sunderland Ernie Thompson	<ul style="list-style-type: none"> Carers Assessments – there aren't the services out there to refer people to or, if there are, carers aren't informed of them appropriately. Joint services? Not all needs are assessed eg only social needs may be assessed rather than medical side – there is a need for a joint process of assessment. Carers may have medical needs as well as the person they are caring for and these aren't jointly assessed There should be a fair and equal access process for all services including a fair assessment process, including the amount of resources in the community
	Elite Family Specialists Dee Bracken	More encouragement and support for independence instead of looking at age and jumping to conclusions. Spending monies elsewhere if person is not pro-active and can't fight for their rights. More advocates, more quality. Safeguard people's health to prevent increase in mental health. Increase well-being not pass over by consultant/specialist/nurse with brief explanation to due to lack of resources/funds. Treat patient as a person not as a statistic, to improve their quality of life, not help with the decline. Looked after children should be supported effectively and appropriately – not when reach 16 years and think they know all, can leave care.

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		This in turn creates a majority to become homeless- creating a fight between child/adult services. Stand up and be a corporate parent and treat our young people fairly.
	Washington Mind Jane Gash Jgash05@aol.com	<ul style="list-style-type: none"> • Contact to educate business • LGBT focussed assessment covering all well being issues would be useful to understand issues faced by this group • Listen to community views and action • Need for accommodation for young visitors/ visiting families/events • Why are senior people from PCT not here today who are involved in JSNA? • Would like people from Health and Wellbeing board to have grass roots contact. Not enough to do through stats – miss detail. • Joint strategic NEEDS – to be rolled out to public/service users in a user friendly way in order that public will understand and becomes involved in consultation. • Small orgs can struggle to get evidence to provide e.g. stats for geographical area – need better data • Non profit / charity need to be supported to make links with people who have benefited from processes e.g. self esteem, income generation – turn into enterprise e.g. bring people interested in fitness to provide own affordable sports equipment • Can't do the long-term with short-term funding
	WE'AR OUT	Open invitation to visit we'ar out
	Nexus James Third	<ul style="list-style-type: none"> • New NHS sites to take into account current public transport links and local network issues, such as ticket initiatives, timings of services for shift workers and loading of services at AM/PM peaks • Some volunteer work does a lot to challenge social isolation and generally JSNA – need to capture • Sustainability of good services/effective services
	City Services, SCC John Rostron	<ul style="list-style-type: none"> • Poor links in public transport in Washington between service providers – residents feel 'stuck' and unable to access services to improve their lives • Lack of tolerance and attitude undermines people doing things for themselves • Some groups are quite specialist and operate city wide and don't fit area networks but find big events difficult. If don't engage will miss rep. of vulnerable people
	Sunderland Carers Centre Ailsa Martin ailsa@sunderlandcarers.co.uk 5673232	<ul style="list-style-type: none"> • A carers profile was written and submitted. Further information/detail/explanation contact ailsa • Small projects struggling with resources to contribute/raise profile • Feel as though priorities have been established before consultation. This is only a problem because no transparency over way they've been arrived at. Annoyed 'consultation' already set
	Age UK Sunderland	<ul style="list-style-type: none"> • Open invitation to visit age UK for further info • Not to assume D.V. is only in Heterosexual couples. Messages need not exclude communities • Organisations need to talk better and smarter to each other and accept each other's expertise, eg if a Dr says a patient isn't fit to work then Job Centre Plus shouldn't be withholding benefits and disputing the fitness to work. This puts a strain on emotional and physical well-being, family relationships and finances. Put the person first • The NHS needs to streamline its working practices and put more emphasis on medical staff doing medical things – why are consultants having to sign off annual leave of doctors? Should this not be done by a Business Unit? • Church – food distribution project using volunteers. Homeless – not working – chaotic lives • Need appropriate recognition – small organisations contributing to larger agendas and needs JSNAs to reflect their work. Lot of detail about statutory activity and less of VCS • Does Sunderland talk to 'people' or just community reps? We can't do it all • Commissioning process needs to build capacity and infrastructure of small organisation and local organisations. Need to build up trusting long-term relations (Competitive tendering in other places damaged)

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		<ul style="list-style-type: none"> • Ensure hard to reach groups eg BME are involved by officers going out to communities and supporting eg capacity building • Substance misuse impacts on safeguarding of vulnerable adults. Emotional wellbeing, quality of life, mental health, higher suicide, accidents, sexual health (risk taking), work (employability), hospital admissions, family cohesion, crime and violent behaviour • Use small organisations/give opportunity to contribute eg sports orgs can come and do some activity • Promote the city. Place river views/coast/ sports areas/coastal walks/cycle routes in prominent/public places to let people see the positives and encourage them to take a closer look • Build up capacity of local Sunderland organisations in JSNA commissioning and involvement
	Bridge Sheila Davison	<ul style="list-style-type: none"> • Signposting to services. Captured audience to get messages out. • Acknowledgement in outcomes and future consultation that there is huge overlap between the areas – they are not discreet • Need to help smaller groups/organisations to understand JSNA process • Topic too huge to be addressed in this manner – support and guidance • Forms very detailed and can be complex • Information – polish obstacle – services – translation • Officers need to visit smaller organisations to enable engagement – specifically BME sector. May feel uncomfortable attending event • What will the council do about data/intelligence gaps, such as LGBT?
	Well2be, Brian Cooper 0755488873 briankcooper@ntlworld.com	A new not for profit organisation in Sunderland. Would really like to get involved in helping people. We want to know more about needs and would be happy to get involved and to talk and to share
	We'ar Out, Kris Heskett krisheskett@trinityyouth.org.uk 07415104564 / 5145953	<ul style="list-style-type: none"> • LGBT issues reflected across JSNA profiles • CAB – electronic booking system – carers don't like this – not making it easy to get advice
	Washington Mind	Launched 10 th October 2011 – www.wellbeinginfo.org covers Gateshead, Sunderland and south Tyneside
	Hetton New Dawn	<ul style="list-style-type: none"> • More information on what support is available for community groups • Heterosexism when considering JSNA • Put people first in Health and Social Care – including the carers. What about the people who don't have a loud voice? Remember that the carers might also have a physical / mental illness which they need help for. Care for the carers • Put emphasis on the creation of sustainable local social enterprise capable of its own income generation in combination with external funders as this will help create jobs through support of talent, entrepreneurial capacity where its not as big as to become a business if left to an individual's isolated effort • Non-profit NGOs/charities should be allowed income generation for sustainability purposes and for boosting their client's activity, eg if such NGOs disseminated flyers without information on sports, recreation and other activities for affordable, even token price – there would be a massive number of people subscribing to these services. Such community based NGOs offer a lot of arts and life skill course. If they were allowed to support the creation of income generating groups of their own trainees and clients and have a commission from their activity that would help address several of the health and wellbeing issues and lack of funding from the state. Also, think of increasing the number of little gyms, community and living complex based. Funding? It could also come from people quitting smoking – putting their money together and their effort together in setting up little gyms, buying equipment. Space? A lot of libraries are being closed. Anyways, premises should not be problem. Conclusion. A lot of the health and wellbeing issues are human rights issues, therefore, it is important to tap on the human capacities to sort them

Organisations who Attended

Sulgrave Bridge Centre
Sunderland Link
NE Sport
South Tyneside PCT
Nexus
Well 2 Be
Elim Sunderland
Hetton New Dawn
Springboard
Action for Dementia
We'Ar Out
Elite Family Specialists
Silksworth ?
Age UK
NECA Washington
Washington Mind
Sunderland Carers Centre
Bridge Project
Ryhope CA
Groundwork North East
Sunderland City Council