

# Ribble Valley Health and Wellbeing Workshop

## Harvest Document

Thursday 18 April 2024



Haslingden  
Halo

The Atom  
Panopticon,  
Colne

Whalley  
Viaduct

Clitheroe Castle

Townley Hall,  
Burnley

Singing Ringing  
Tree, Burnley

Living Better Lives in  
**East Lancashire**

## Purpose of the workshop

On Thursday 18<sup>th</sup> April 2024 a number of stakeholders with an interest in Health and Wellbeing matters came together to work collaboratively to identify priority areas of work for the soon to be established Ribble Valley Health and Wellbeing Partnership.

The agenda for the session included discussions around Ribble Valley Populations and Communities, areas seen as priorities across Ribble Valley, assets and gaps and an outline of the necessary actions and next steps and provided stakeholders with the following opportunities and outline in relation to next steps.

|         |  |                              |
|---------|--|------------------------------|
| 10.30am | Welcome and Introductions                        | R Psillidou / Nicola Hopkins |
| 10.45am | Our Populations and Communities in Ribble Valley | J Moran                      |
| 11.00am | Our Priorities for Ribble Valley                 | J Moran                      |
| 11.45am | <b>BREAK</b>                                     |                              |
| 12.00pm | Our Assets & Gaps                                | R Psillidou / Nicola Hopkins |
| 12.30pm | Actions and Next Steps                           | J Moran                      |
| 12:55pm | Closing Remarks                                  | R Psillidou                  |

### Sharing and Connecting:

Cross pollinate ideas and experiences - Build on our existing relationships, partnerships, and collaborative arrangements.

### Exploring and Imagining:

Understand what work is already underway across Ribble Valley and consider what we may want to be kept up to date with through the Health and Wellbeing Partnership

Identify where are the gaps and biggest opportunities to work together to address our identified priority areas

### Committing and Contributing:

Establish Task and Finish Groups to map out next steps and actions for each of the agreed priority areas

Develop a 'HWBP Delivery Workplan' to oversee delivery of the work we agree to undertake managed by the Health and Wellbeing Partnership

## Pre-workshop questions

Prior to the workshop the following questions were circulated:

What do you think are the issues affecting communities in Ribble Valley?

What are the health inequalities in Ribble Valley?

What do you think the priorities should be for Ribble Valley?

What assets are there in Ribble Valley and how are these utilised?

What are the gaps in services in Ribble Valley?

Are there any quick wins that we can progress together?

What changes do you want to see in Ribble Valley?

What do you think the Health and Wellbeing Partnership should focus on?

The table on page 4 summarises the responses received.

| What do you think are the issues affecting communities in Ribble Valley?   | What are the health inequalities in Ribble Valley?  | What do you think the priorities should be for Ribble Valley?  | What assets are there in Ribble Valley and how are these utilised?  | What are the gaps in services in Ribble Valley?   | Are there any quick wins that we can progress together?  | What changes do you want to see in Ribble Valley?  | What do you think the HWBP should focus on?   |
|--|---|--|---|---|--|--|---|
| Disparity between haves and have nots  |   | A place-based approach addressing the needs of the local people within their communities               | Affordable Village halls and community spaces where both health and preventative services could be offered/provided   |   | Preventative work linked to existing structures and work that is already happening such as the Together an Active Future work which has proved very successful in Dunsop and the surrounding area with plans to roll this initiative out to other villages | Greater emphasis on preventative work and improving access for people requiring medical interventions    | Investment in people and networks to help local communities<br>Creating a strong partnership to assess what we already have<br>Complete co-production in the community to assess further need and solve problems together with true partnership working |
| Transport issues / costs<br>Can cause difficulties for residents accessing appointments and work opportunities   |   | Ensuring preventative approaches are adopted to help reduce demand on longer-term on existing services | Strong Community Safety Partnership and transforming lives panel that collaborate well to assess needs and actions required   |   |  |  |   |
| Access to Services   | Access to services both within the borough and wider travelling for health services<br>Unable to access NHS dentists<br>Long waits for phlebotomy appointments  | Improved access to dental treatment and phlebotomy clinics   | Foodbanks have a community café where professional services could have a guest desk to help increase access to services<br>Good opportunity to undertake meaningful co-production to solve problems and increase access to services |   | Increased / better access to phlebotomy services would have the most impact  | Better joined-up services and increased information sharing with GP services.<br>More early intervention |   |
| Housing Costs, expensive and limited   |   |  |   |   |  |  |   |
| Perception of wealth   |   |  |   |   |  |  |   |
| Limited access to national grant funding pots due to relative affluence  |   |  |   |   |  |  |   |
| Rural isolation, also impacting upon the main urban areas for some   | People are unable to access health care / die at home due to rural isolation and costs for home-offered services  |  |   |   |  |  |   |
| Significant rise in numbers accessing the food bank due to the cost-of-living crisis and partly as a result of new management of the schemes – links to food poverty and rural isolation   |   |  |   |   |  |  |   |
| Little support for those experiencing low-level / early addition problems. Interplay between the two services often means dual services cannot be accessed for mental health<br>Limited access to housing options and a lack of temporary accommodation<br>for those with more complex needs | There is a huge gap in economic status (affluent and poor due to cost of living).<br>Mental Health is rising and having a detrimental impact on individuals suffering from not being able to afford the basics in life. | Better support for those struggling with addiction   |   | Early support for addiction<br>Meaningful mental health support<br>Temporary housing of individuals with complex needs                  |  |  |   |
| We offer rapid low-level intervention but anyone just out of scope isn't catered for as the higher-level support on offer is only available for more severe Mental Health issues.  |   |  |   | Gaps in ability to access services, often resulting in people having to get worse before they can access support to help them get well. |  |  |   |
| Funding, we relieve the pressure on the NHS, but ICB funding isn't available for the base service as previously funded.  | Drug, Alcohol and domestic abuse are a real issue in the Ribble Valley<br>And it is coming up often in conversations with   |  |   |   |  |  |   |

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Deprivation, Homelessness, Cost of living, Housing issues, mental health, Social isolation especially as the Ribble Valley has a high percentage of elderly and a lot being unable to get out into the community, Accessing Adult social care and their resources being strained which is leading to an increase in waiting times. Alcohol and drug misuse | other organisations that there is a huge gap in supporting people who are suffering. |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

## Additional comments

Childrens hospital admissions are surprisingly high for both more affluent areas of borough and some of least affluent. Why ?

Rate of suicide is still too high. There is an Orange or Blue Button Scheme for people who are able to help or recognise trends towards this. We could also ask the local Samaritan leadership whether they have any pointers on why the rate is this high.

Older age isolation. Clitheroe has 3 wards, Whalley/ Painters Wood all have more than 35% over 65s. Langho has 29.8% over 65s. As a resident of Langho, my perception is that there could be more communal activities for elderly and a café and/or pub is needed in village centre.

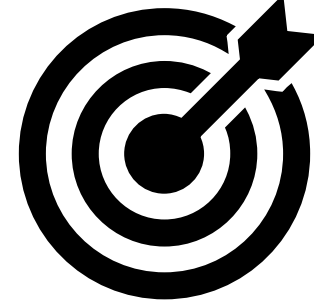
Continuing with problems of elderly, reference those who have Asset rich/Cash poor difficulties. Perhaps more advice could be signposted as this problem occurs all over England ? People may be too proud to ask for help and may not know where to discuss benefits (though Ribble Valley Borough has recently started offering some financial advice).

Rural isolation for all ages has also been a problem in settlements with no public transport. This has been partially solved by the very recent provision of a regular bus service in the Hodder Valley, to assist those without private car access.

With reference to the poor figures for both job-related training and workplace safety. There is always more scope for better training and more apprenticeships, as there are shortages in many different non-academic jobs, e.g. bus drivers, night bakers, care assistants. We should discuss why the workplace safety is bad ? Is it poor training in unskilled jobs ?

There is an insufficient supply of affordable housing in the Ribble Valley. The average rent is quoted at £726 / month (Slide 19), whilst even affordable rents are high (e.g. new 3-bedroom property in Petre is £650). This situation is not improved by the current Rights to Buy, where stock does not keep up with demand.

Finally, in relation to Integrated Teams. We could review how Greater Manchester's scheme for initially triaging ambulance calls from care-homes to hospitals might be adapted by the ICB, though the organisational arrangement is different in Lancashire.



## Priority Areas



Community  
Connections



Mental Health



Social Isolation  
and Loneliness

Stakeholders agreed all the priorities were intrinsically linked and each priority area would overlap and impact upon the other areas.

It was agreed that **Housing** should be a sub-priority with the acknowledgement that Ribble Valley Borough Council was leading in this area, however, the Health and Wellbeing Partnership would like updates to ensure they had that oversight of this area.





## Community Connections – Assets and Gaps

| Priority                     | Asset                              | Gap   |
|------------------------------|------------------------------------|---|
| <b>Community Connections</b> | Ribble Valley CAN                  | Brilliant partnerships already in existence, people need to know about them |
|                              | Olive Branch                       | Statutory & third sector support for businesses                             |
|                              | Transforming Lives Panel           | Connect businesses into the community                                       |
|                              | VCSFE Organisations                | Lack of home visiting services  |
|                              | Churches Together                  | Lack of transport, talking therapies and activities                         |
|                              | Family Hubs                        | Directory of Services, monitored and updated regularly                      |
|                              | Integrated Neighbourhood Teams     | Social Workers  |
|                              | Access to knowledge                | Underutilisation of the CVS Team  |
|                              | Community Connectors               | Links to venues   |
|                              | Up and Active                      | Accessibility of information  |
|                              | Little Green Bus                   |   |
|                              | Food Banks                         |   |
|                              | Lancashire Fire and Rescue Service |   |
| CVS Team                     |                                    |   |



## Mental Health – Assets and Gaps

| Priority             | Asset                     | Gap  |   |
|----------------------|---------------------------|--|---|
| <b>Mental Health</b> | Environment               | Crisis Intervention  |   |
|                      | Strength and Struggles    | Timely Intervention  |   |
|                      | Working groups            | Engagement in environment  |   |
|                      | Olive Grove Cafe          | Accessibility of information re support groups                                       |   |
|                      | GP's Personal Service     | Transport  |   |
|                      | Mind Matters              | Health and Wellbeing Coach   |   |
|                      | Gateway Counselling       | Living at Risk Meetings  |   |
|                      | Roving Mental Health Team | Pre and post diagnosis support for Autism  |   |
|                      | Charitable Services       | Face-to-face mental health support   |   |
|                      | Field Nurses              |  | Analysis / intel of what is causing people into debt  |
|                      |                           |  | PCN Mental Health   |
|                      |                           |  | More partnership working with Lancashire and South Cumbria NHS Foundation Trust re services for Mental Health |
|                      |                           |  | Learning Disability   |
|                      |                           |  | Autism  |
|                      |                           | Hidden Mental Health conditions  |   |
|                      |                           | Specific campaigns around mental health services targeting people at risk of suicide |   |





## Social Isolation and Loneliness – Assets and Gaps

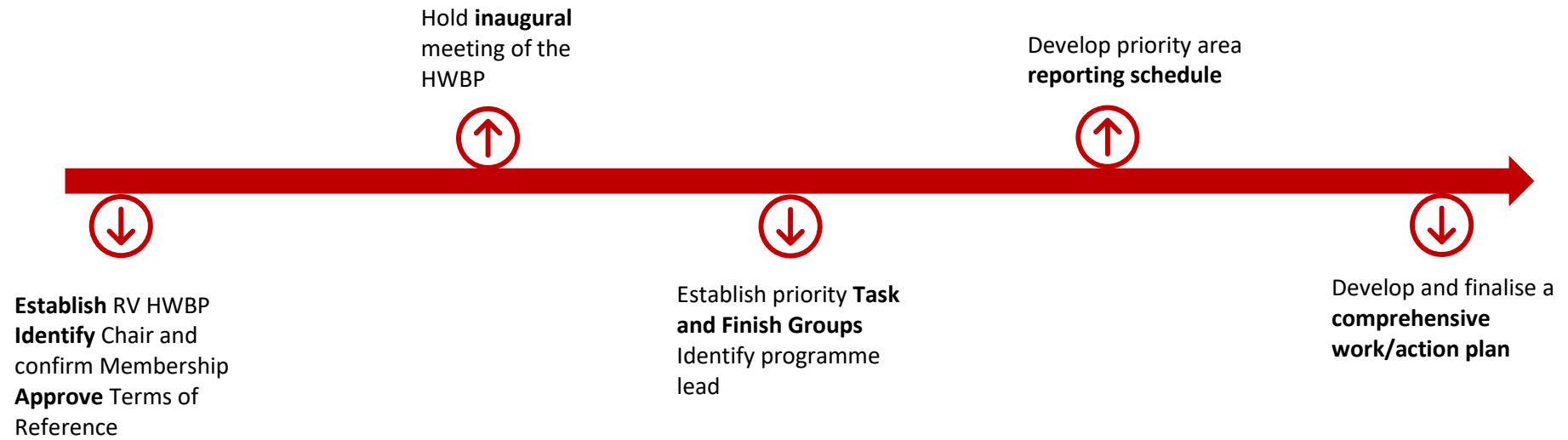
| Priority                        | Asset  | Gap   |  |
|---------------------------------|--|---|--|
| Social Isolation and Loneliness | Voluntary Services   | Funding to link networks and work with them more collaboratively<br>Long-Term funding essential to develop robust relationships |  |
|                                 | Identify those with social isolation                         | Recruitment of the right people   |  |
|                                 | Age UK Lancashire<br>CVS<br>Olive Branch                     | Lack of a befriending service   |  |
|                                 | Churches Network   | Lack of volunteers  |  |
|                                 | RV CAN   | Two health footprints resulting in a lack of consistency  |  |
|                                 | Villages / Communities / Parish Councils                     | Communication and knowledge of services   |  |
|                                 | St Vincent De Paul Society                                   | More activities for young people needed   |  |
|                                 | Little Green Bus   | More engagement needed, how to target 'hard to reach' cohorts   |  |
|                                 | Village venues   | Lack of long-term 'befriending service'   |  |
|                                 | ICB Grant Funding to support third sector development groups | Little Green bus not easily accessible due to cost  |  |
|                                 | Together an active future                                    | Wider roll out of Together an active future   |  |
|                                 |  |   |  |
|                                 |  |   |  |

## Themes

Please see below a selection of commonly used words recorded at the session:



## Next Steps and Actions



## Stakeholders

| <b>Name</b>      | <b>Organisation</b>   |
|------------------|---|
| Adam Allen       | Ribble Valley Borough Council   |
| Alison Read      | Age UK Lancashire   |
| Allison McGruer  | Hyndburn / Ribble Valley CVS  |
| Angela Bennet    | Carers Link   |
| Cllr Tony Austin | Councillor - Ribble Valley Borough Council  |
| Diane Cockshott  | Children & Young People's, Emotional Wellbeing & Mental Health Place Lead (Pennine Lancs) |
| Dilys Day        | Foundation for Ribble Valley Families   |
| Elaine Barker    | Chief Executive, Hyndburn / Ribble Valley CVS   |
| Gillian Dawes    | ELHT  |
| Jackie Moran     | Integrated Place Leader, East Lancashire, Lancashire Place Partnership                    |
| Jeanette Finch   | Clinical Case Management Lead, Ribblesdale Integrated Neighbourhood Team                  |
| Mark Beveridge   | Ribble Valley Borough Council   |
| Nicola Hopkins   | Ribble Valley Borough Council   |
| Nicola Walton    | East Lancashire Alliance  |
| Rea Psillidou    | Ribble Valley Borough Council   |
| Sam Loughlin     | Place Development and Delivery Officer, Lancashire Place Partnership                      |
| Sarah Wells      | Partnership Officer, Ribble Valley Community Safety Partnership                           |
| Sibtain Hussain  | Clinical Director, Ribblesdale Primary Care Network                                       |
| Ann Buller       | Ribble Valley Therapy Team  |
| Cath Thompson    | Trussell Trust, Ribble Valley Foodbank  |
| Kevin O'Hara     | Partnership Development Manager, Lancashire and South Cumbria NHS Foundation Trust        |