WELL STREET COMMON NEIGHBOURHOOD PILOT

Open Space event summary

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Introduction

The Neighbourhoods Voluntary Sector team launched Year 2 with an event bringing together the Well Street Common neighbourhood and wider partners to start to identify the priorities for the Neighbourhood and people who are interested in working together.

Summary of the report

A summary of the sessions discussed on the day are presented in this report, alongside key themes and actions that will be taken forward in the Well Street Common pilot. A full account of the sessions, with attendees, details and notes of each discussion can be made available for interested parties.

Open Space: Event outline

This full day event was organised using Open Space Technology (Harrison Owen, 1985), a creative and radical form of large scale conference and meeting structure. It was advertised widely to all sectors, with a particular focus on the Well Street Common Neighbourhood but open to all interested attendees. It was facilitated by Improbable Theatre.

Open Space Technology (OST) is a great way for groups to think, talk and take action together. It's a process that enables change management, crisis management, group creativity, collaborative problem solving, improved communications and better networking. Participants self-organise to create their own agenda on the day, allowing a dynamic and immediate response to the issues at hand. The process allows free-flowing conversations about the things that really matter to the people in the room. Open Space Technology shifts workplace culture towards a more responsible and pragmatic outlook. Participants also work together to create a report containing the group's expertise, viewpoints, creativity and recommendations generated during the event. The process also allows participants to plan further action and next steps collectively.

The day was attended by more than 50 people, with a wide spread across Voluntary Sector staff, Community groups, Residents, GPs, Neighbourhoods staff and other health care professionals and Adult Social Care staff

A total of 18 workshop sessions were called on the day, created and led by attendees of the conference. Although very different and diverse, when organised retrospectively the 18 sessions broadly correspond to 4 domains,, all very relevant to the Neighbourhoods programme and the Voluntary Sector in particular.

The sessions are presented on the table below as they were called, the only imposition being the broad categorisation in the 4 domains.

Table of Sessions Called

Mental Health	Gaps in provision	Whole Population	System Structures
		<u>Approach</u>	
How do we ensure that people with mental health issues are included holistically?	Better communities for learning disabled people?	Frequent attendees to a GP- how to support people with complex/multiple needs	How do we map the services currently available in the neighbourhood and have good knowledge of each other's services?
Creating employment for people with mental health problems and removing barriers	Caring for the carer	True resident involvement. How do we ensure all members of community are represented and decisions are made that affect everyone are made by people	Housing: we know where people live. Come to us!

		in that community	
Mental Health and	How do we engage	Working with young	What are the pros
domestic violence-	with the homeless	people to prevent	and cons of offering
within communities	population?	health inequalities.	services in the GP
and impact			practices vs
			community centres?
How to address	How do we prevent	Working with young	Too many
mental health and	people with dementia	people and families	professionals, not
socioeconomic	from getting bored?	that have multiple	enough frontline
inequalities		needs.	workers
	How to involve the	Focus on families	
	socially isolated?	with hidden needs.	
		How to design	
		services that support	
		children, young	
		people and families	
		that have multiple	
		needs.	

Key Themes emerging from the day

Mental Health	Gaps in provision	Whole Population	System Structures
		<u>Approach</u>	
Wide and social	Awareness is lacking in	Services disjointed	Data Sharing
determinants of health	mainstream services	around age groups, and	agreements inadequate
play massive role on	and in the community	where the person has	for integrative working
mental health –	for a number of groups	complex condition or	VCSE data not being
poverty, deprivation,	 Dementia, Learning 	insecure / temporary	captured
employment, BAMER	disabilities, Carers,	accommodation	
	Sickle Cell,		
Peer support essential	Outreach and proactive	Engaging communities	
– but not to replace	preventative services	– not "patients" – and	
service provision and	needed – including	building sustainable	
high quality person-	community and local	structures that won't	
centred care	support, not only	disappear in a year is	
	professionals	the approach to long-	
		term outcomes	
	Housing and support	Reaching people	Representation of the
	for people in insecure	through trusted	area by those truly
	housing	organisations	representing local
			community and its
			needs
	Talking therapies –	Reaching people with	Comprehensive sharing
	need to look at triage	information about	of asset mapping,
	system – some people	what services are	including what the
	being rejected at Triage	available	capacity of services and
	that could be		organisations is, and
	supported		potential for colocation

	of services
GP based Domestic Violence service	Service criteria's can lead to people falling between services, not disclosing true circumstances (ie homeless) or people being discharged too quickly
Long waiting lists sometimes for particular services – befriending	

Actions and Steps forward for the Well Street Common Pilot

This table includes Actions that emerged from the sessions that will be embraced and taken forward with the support of the Well Street Common pilot – either directly through the pilot's activities or indirectly, by building momentum and highlighting priorities within the Voluntary Sector Partnership.

Key - colours

- Things we will deliver
- Indirectly (via fundraising / training)
- Things we can't deliver but can try & influence

Mental Health	Gaps in provision	Whole Population Approach	System Structures
Commissioning for mental health – influence to include employment and daily living skills provision into holistic services	Coordinated approach to supporting the Homeless population – including special interest working group, case studies and clarity of responsibilities	Engage with the scrutiny report on school exclusions	Complex/MDT working group for Well Street Common - to be chaired by the Clinical Lead
Mental Health Awareness training	Awareness training to improve access to community spaces, services (both voluntary and	Hold Awareness sessions with young people with key topics co-produced	Share space in the Neighbourhood – centres, GP practices, community hubs

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	statutory) for people		Look at cost of access
	with dementia, people with learning		to community spaces
	disabilities, people		
	socially isolated,		
	people with Sickle cell,		
	Carers		
Personal Health	Joining up and	Public Assembly for	Mapping of services
budgets – work with	improving services for	the Neighbourhood	available, including
the Personal Health	all of above, also	(form into partnership	what can access if have
budget pilot – on	struggling families,	meetings?)	no money
Neighbourhood basis	including free food		
Work with GP's across	Migrant / Refugees	List of locally available	Evaluate use of softer
the Neighbourhood to	with no recourse to	services and capacity	outcome measures,
ensure they register	public funds – identify	available/accessible to	like for happiness /
homeless people so	who can support	all	wellbeing
Greenhouse has more	them.		
capacity – and is			
gateway to ongoing GP			
services rather than			
the provision for them			
Linking care plan with	Mapping and working	Neighbourhood	Identify where silo
employment	to ensure services for	newsletter/ website?	working is part of the
	specific communities		issue
	in the neighbourhood		
	are available - ie urdu,		
	somali – depending on		
Decement cellege	demographics/ need Research into best		Fundame the
-Recovery college- Employment training		Look at an anonymised	Explore the identification of
after mental health	practice working with people with complex	list of people attending GP frequently for	information points /
treatment	needs	social reasons in the	hubs in the
-CCG & Hackney- need	necus	Neighbourhood to	Neighbourhood for
to talk about it.		identify available	carers and others –
to talk about it.		referral pathways /	with accessible
		gaps (with social	information
		prescriber /	
		community	
		connectors)	
Personal Health		-Forums coming	Collection of data on a
budgets – work with		together and	neighbourhood level
the Personal Health		discussing	
budget pilot – on		employment at local	
Neighbourhood basis		level	
		Agree outcomes for a	Development of long
		10 year programme –	term strategy to
		develop a	collocate services /
		comprehensive	GP's and community
		coproduction plan	services - exploring
			clinics/sessions that
			could be run in
			community settings &
			sessions in GP services

			Sharing of case studies across Neighbourhood services
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Well Street Common Pilot Outline

For context, a brief outline of the Well Street Common pilot, led by the Voluntary Sector, is presented here with it's full range of activities for this year. The Open Space event provided an invaluable launch pad for the pilot, which, in combination with wider Neighbourhood priorities, has produced the outline below:

What is it?

The pilot brings together voluntary and community groups working in the Well Street Common Neighbourhood (which includes Well Street up to Wick ward) with NHS and Council services offered locally to share information and work more closely.

Why is it happening?

The local NHS and Hackney Council are changing the way they are working in response to the government's integrated care agenda. Increasingly the large organisations are recognising that services need to be delivered locally, and that local organisations and residents know best what is needed in their area.

What are the opportunities for your organisation and for residents?

- To work more closely with GPs, social workers, community nurses and other professionals to provide better care and support for residents of all ages
- To influence the way the NHS and Council provide services in the local area
- To work together to identify gaps in services locally and jointly fundraise to meet these needs
- To get to know other groups and agencies working locally so that we can all work together better

What is on offer through the pilot?

- Networking meetings including other VCS groups, GPs, social workers, community nurses
- A fundraiser to work with groups locally to help meet gaps in service
- Training delivered locally for staff/organisations, based on feedback from organisations
- Map of local Voluntary and Community Sector organisations that you can refer or signpost clients to