Chat from Session Four. Health creating community spaces; what matters to communities?

Resources

New report:

https://www.property.nhs.uk/creating-spaces-for-community-and-patient-wellbeing/

The three Cs of health creation can be found:

https://thehealthcreationalliance.org/health-creation/

There is a lack of awareness and how to get access as these spaces have lots of barriers if you are not contracted by NHS as a preferred provider? Please advise how we tackle these barriers and get equity.

It disappoints me to listen to the contributors, they are spot on about the difficulties they face, but even more depressing I heard the exact same comments 40 years ago, I feel we just have not moved on, despite the change in laws.

Public transport in rural areas is a public health vehicle (excuse the pun) access to health to work to education to social contact.

Access is so much more than the front door.

People shouldn't have to look or act differently to be taken seriously.

This is so interesting and at such variance to corporate culture. On Leadership Development programmes for CEOs people are coached in hair, makeup, dress. People did this with Theresa May.

I think it very much depends on which people come out to the community to meet with us - usually the people whom come out to meet community are the people who are brave enough to leave their desks - this sounds a bit difficult maybe but I think there is a fear of THE community - just a view to put in at this point.

Discrimination is rife across so many communities.

Cross pollination.

I am very pleased to see this, because SP will fail if there is no infrastructure to support the services, but there are the funding issues to address.

Is squatting the answer? Some NHS properties have been empty for years and NHS managers only appear to take an interest in them once squatters take them over.

if its abandoned, in my recollection of my area, its already being used, it's just that no-ones knows.

Whose land and property is it anyway?

FEAR of individual people when grouped to be 'on mass' is the route of a lot of things - in my opinion. In rural communities there is a fear of power shifting actually being 'allowed to occur' very traditional issues around allowing the people on low incomes to have real access to the controls - i.e., who has the key to the door of the building is a very important aspect to focus in on.

We must not go into communities and 'take the power to self organise' away from people - and then try to sell it back to them in projects that are sold back to us as solutions... we must allow the people with lived experience of living in their community, we must support genuine co-design and co-create the solutions alongside experts by profession. people with lived experience of living in their community need to be able to share the power to operate services... to do this we need to all work together and therefore power share authentic co-created service provision going forwards. it could be framed as legal squatting.

We must find ways to do things in an open and upfront way where we are able to do this as the times for us having to hide in the shadows are over in my opinion. Real investment needs to occur in real areas so real people can hold their heads high -integrity and honour is in this mix.

Collective ownership is the only way forward - this gives us a third way - the NHS can gift old derelict properties - on peppercorn rents - if the community can self organise well enough to have the property gifted. In some radical projects setting up of a transition of ownership can be a formal service level agreement - if this is so deemed possible - for example true partnerships can be made up from Service users and service providers - using the ICS process as a mechanism for joint collaborative ways of working - patient participation is a key aspect of this pathway of supporting service users to become volunteers to become peer supporter to become paid workers - this is a very very cost effective way of looking at things - community ownership needs to be very very clear to me - the community owns the project - not the funder - bit radical but controversial but it is doable... it just takes long term planning - good project management needs to have People With Lived Experience.

A lot of GPs surgeries are funded by 106 Money provided by local Councils, so what is being done to pay the rent they charge.

GP surgeries must be one of the commonest spaces in every locality. They have waiting rooms, so some space for people to meet. What are the advantages and barriers to harnessing them? They are often not owned by, but leased to, GPs.

I think it may be that suffer health inequalities and from a male background may be less likely to go to a GP for that incidence of benefit from alternative provision can be utilised, I'm just guessing.

Plus, when I go GP surgery i don't want to speak to anyone, I'm unwell or my dependent is.

I used to work at a GP surgery, using their waiting rooms would be very difficult due to confidentiality I believe?

https://www.rethink.org/

I wasn't thinking about GP surgeries treating people but using the space in the evening for community groups.

Yeah, I guess that would work.

Yeah, being ill means usually wanting quiet. A surgery I worked at has a health club but having to have someone like reception available until everyone leaves the building is a cost to the surgery paying overtime, and confidentiality of having doctors notes etc. in the building.

It's definitely doable, but as I brought up earlier on, with addiction, people will want to avoid the doctors to avoid anyone seeing them and questioning it.

It was done by rural railways that created a Mutual that reinvigorated the properties along an old line.

I work within Community Mental Health Transformation, within a multi-disciplinary team including Lived Experience. We are in the process of creating a Mental Health Thesaurus - for the exact reason you spoke about, in the long run it will be embedded onto our website and easily accessible to try to start to break down this barrier.

Do Trusts own their hospitals, who makes the decisions as to who can use it?

https://thehealthcreationalliance.org/voices-for-change/ this is a place where OUR voices can become more connected together and become amplified so we are better heard as we go forward into the next phase of 'all this stuff' please do get in touch for more information I HAVE A VOICE is a place where we can continue conversations - if or when we can find funds to develop this PWLE voice group - we can really start to support this online community space developed - please get in touch if you want to chat more about this great Health creation alliance supported virtual space. lisaholden48@outlook.com

also connect to the wider movement of health creating people...

https://thehealthcreationalliance.org/members/

Design is key. I went into the toilets at a hospital in a 'rough' neighbourhood the toilets where metallic reminded me of a jail cell off-putting, but they haven´t got those toilets in the sister hospital in a more a leafy area.

When those toilets have been vandalised 4 or 5 times, there is no will to provide anything better, or money.

We have to keep mending those vandalised toilets again and again and again it is the only way - if we give up at this level - we are all doomed.

Love the reference to emotional regulation enabled by the built environment. Our world is so full of hostility and hatred across the world, online, and to individuals from a range of communities that would probably encompass us all.

Themes coming out for me (which could potentially be calls to action?!). Agree/ disagree? What do you think?

1. Be authentic, listen and involve. Let people be themselves and feel comfortable as they would define it (and don't let the suit wear you!).
2. Commit to being problem solvers, not gatekeepers.

3. The process is important- don't assume how people wish to access services and places. Involve people and ask what accessible and inclusive means to them.
4. Recognise importance of multi-purpose spaces. Trust community leaders and existing community spaces and go where people are, rather than expecting them to come to you.

5. Build real ownership of spaces in communities. Don't "helicopter in". Build long standing commitment by funding existing community spaces, rent space from them and consider transferring property to community groups to use and build an income.

I would like to see old building renovated as well as new builds - I also like the idea that money could be taken to mend old damp village/communities spaces as they are often the only places people can actually get to - when on a low income.

Yes, and it saves beautiful green areas from being used when there are already buildings that can be fixed up instead of being left to crumble away.

Architects and businesses have transformed outdoor play areas from risky, overgrown and messy spaces to safe, well-designed play environments. Is this an improvement? I am not convinced.

In 2015 Appletree was completely overgrown, not used for 40 years, full of debris including glass and much more. It took us nine months to clear it before we could start to develop it - seeing it transformed now is amazing. Shows what an existing space can become.

True vandalism is a problem however affluent areas experience vandalism as well they just cover up the cracks in a timely manner there are neighbourhoods i lived in where residents have been frustrated that they off their own back created that allotment by land fermented by removed skip material.

We fundraised to rebuild our bus shelter that bored youths burn down - it took years of community RE-education to actually get parish council to fund it being replaced - we spent hours and hours helping people to understand if we do not educate people away from destruction - no creation can occur.

Yes indeed. As has been said several times 'hope is low' it has a cost.

But what makes people take pride in one thing over another?

She from urban - me from rural - so many issues so similar - when one lives on a low income one can do so much without money - money is NOT always the thing that is missing - often it can be the.

Being involved in it - gives pride.

Communities feeling they can take the power and it is worth it - the power of entropy must be overcome.

For my observation, the history the sentimentality the ownership.

Being allowed to set it up and run it is the answer - youth and community services used to be a thing but funding was axed - we now need to let the youth LEAD the way.

FEEDBACK

Thank you everybody - a vital conversation that I've loved x

Great session – thank you.

An extremely interesting event – excellent contributors and discussion.

A big thank you to our media partners, National Health Executive and Public Sector Executive and to all our sponsors without whose support **Health Creation: *Coming of Age*** would not be possible.

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