

Big Chat 3

4th November 2013, Bootle Town
Hall, Bootle

**NHS South Sefton Clinical Commissioning Group
and Sefton Health and Wellbeing Board**

Contents

Introduction	Page 3
Event Summary	Page 4
How Big Chat 3 worked	Page 5
Feedback from participants	Page 6
Questions and Answers	Page 9
Evaluations	Page 14
Next Steps	Page 19
Appendix 1	Page 21
Appendix 2	Page 26
Appendix 3	Page 26
Appendix 4	Page 27

Introduction

The Big Chat is one of the ways in which NHS South Sefton Clinical Commissioning Group creates a forum for local people and commissioners to discuss a wide range of issues relating to health and wellbeing. At Big Chat 3, NHS South Sefton Clinical Commissioning Group, and Sefton Health and Wellbeing Board worked together to create an opportunity for local people to hear about and discuss the ways in which commissioners are developing their strategies for ensuring that Sefton residents have access to services and information to help them to live healthy and fulfilled lives.

About NHS South Sefton Clinical Commissioning Group

From 1 April 2013, NHS South Sefton Clinical Commissioning Group became responsible for planning and buying or 'commissioning' the majority of local health services for South Sefton residents. This membership organisation brings together the 34 GP practices in the area and is led by clinicians, who have a good understanding of the health needs of local residents.

About Sefton Health and Wellbeing Board

This committee of Sefton Council also came into being on 1 April 2013. It is made up of elected members and key officers from the council, NHS England, the Chief Officer and Chairs of NHS Southport and Formby Clinical Commissioning Group and NHS South Sefton Clinical Commissioning Group, along with the chair of Healthwatch Sefton. Its role is to oversee the planning and commissioning of health and social care for residents, through its joint Sefton Health and Wellbeing Strategy. By working together, the different organisations involved aim to join up commissioning and do more to improve services for residents across the borough.

Event Summary

The third Big Chat event that took place on 4th November 2013 was a joint event with Sefton Health and Wellbeing Board. 62 members of the public, and groups representing members of the public attended, with 19 staff members from either NHS South Sefton Clinical Commissioning Group (CCG) or Sefton Council acting as presenters or facilitators.

The format for this event involved a '*You Said, We Did, or Are Doing*' theme. The format allowed both NHS South Sefton CCG and Sefton Health and Wellbeing Board to share information on how people's views and experiences from previous consultations have informed service development. In some cases, this feedback has led to local initiatives being set up by local people, to provide support for their community. Initial table discussions involved people hearing about and having an opportunity to discuss, some of these projects and initiatives, exploring how they are working to support local people either to maintain their health and wellbeing, or to become more involved in helping to shape services available.

Attendees were also provided with an opportunity to learn more about, and also express their views on two key issues:

- Sefton Health and Wellbeing Board's aspiration for Sefton and how working with the public this can be collectively achieved
- NHS South Sefton Clinical Commissioning Group's commissioning intentions 2014 – 2015, (its plans for buying health services)

Overall the event was well received, people appreciated the '*You Said, We Did, or Are Doing*' theme and felt that they had the opportunity to be heard and participate in discussion about services. People felt positive about the opportunity to gain feedback on how their views have been used and this led to a reasonable amount of confidence about how future views will be used although still a small amount of scepticism about this, particularly in light of the economy and the increasingly tight financial situation. A breakdown of feedback is available later in the report.

The next steps include using information gathered to help to inform commissioning decisions and strengthening the internal mechanisms for collating and feeding this information into strategy development and service review or planning via both NHS South Sefton CCG's Engagement and Patient Experience Group and Sefton Health and Wellbeing Board's Communications and Engagement Task Group. Further steps are outlined in more detail at the end of the report.

How Big Chat 3 worked

The event was aimed at giving local people the opportunity to gain a clearer understanding of how Sefton Health and Wellbeing Board and NHS South Sefton CCG are working together to improve the health and wellbeing of Sefton residents and to demonstrate how residents' previous contributions to consultations have helped to influence and shape local service plans.

The event was divided into a series of presentations followed by table discussions so that people could hear from commissioners, have an opportunity to digest the information, discuss common issues and raise any additional matters that people felt were relevant to them as individuals.

On arrival each person was given a pack that included:

- An agenda
- A copy of the presentation slides
- An event evaluation form with additional space for people to raise questions or share any comments that they didn't feel able to ask or mention in the table discussions which the CCG or Health and Wellbeing Board would respond to individually
- An Equality and Diversity monitoring form
- A Staying in Touch Form to ask people to register their details to receive information about future events

Methods used to help gather views and experiences from people attending the event included:

- Table discussions – people were asked to think about and discuss the information shared in the presentations
- Interactive voting – people were asked to use the voting pads to record their views on questions asked using Turning Point Software
- Evaluation forms – people were asked to complete the paper based evaluation forms to hear feedback about the format of the event and the venue used
- Question form – for people to share any comments or questions that they didn't have the opportunity to voice in the table discussions
- Equality and diversity monitoring – people were asked to complete the confidential monitoring forms so that we can analyse which groups of people attend the Big Chat events, in order to help us to develop a plan to reach out to groups of people who historically don't participate in these events
- Reporting back – this report will be shared with people who attended the event via the NHS South Sefton CCG website and therefore will be available for those who didn't attend but would like to learn more about what the event involved.

Feedback from participants

Table Discussion 1 – ‘You Said, We Did or Are Doing’ project discussion

This session gave people the opportunity to hear about how some of the engagement activity (that has been conducted previously in Big Chats and joint NHS South Sefton CCG and Sefton Health and Wellbeing Board events) has been used to help inform service developments and initiatives to support people to maintain their health and wellbeing. Projects discussed at the individual tables at this event included:

- IAPT (Improving Access to Psychological Therapies) engagement work that has been undertaken.
- Affordable Warmth scheme
- Healthwatch Community Champions model
- Virtual Ward
- Caradoc Kids Club
- The service directory being developed by Sefton Council
- One Vision Housing Independent Living project
- Black and Ethnic Minority Community Development Project

(See appendix 1 for more information about the individual projects.)

People were asked to focus their table discussions on questions about the projects, how the projects had benefitted the community, what might be done differently next time and whether there is anything similar that people want to share information about.

General themes that came out of these discussions were:

- People were very positive about the projects or initiatives that support people to maintain their independence
- There is some confusion about the variety of agencies providing services and how to access them
- There is a need to ensure access for people who don't have /or use the internet, as much information is web based now

Table Discussion 2 - Feedback on Sefton Health and Wellbeing Board's Aspiration

Participants were asked to give feedback on Sefton Health and Wellbeing Board's draft Aspiration – its vision for health and wellbeing in Sefton. Key themes from the table discussions were:

- The draft aspiration is positive but too general; needs to be shorter and more specific
- The aspiration needs to directly link to a performance management framework to measure success and to identify areas for improvement
- Concern that the aspiration is unrealistic as partners have smaller budgets
- It needs to refer to co-production and partners working together
- It needs to include something more specific about older people
- Needs to recognise mental health as well as physical health

Participants were then asked to consider 'how this can be achieved together'? Many suggestions were made; the general themes were:

- Work with GPs as they are the central point for engaging patients and providing information
- Increase availability of virtual ward type services to help people manage their conditions and have home care available to support people
- Joined up collaboration and sharing experiences – learning from each other
- Pro-active and prevention services rather than reactive

Table Discussion 3 - Feedback on NHS South Sefton Clinical Commissioning Group's draft Commissioning Intentions

NHS South Sefton CCG has developed its draft commissioning intentions for 2014-2015 using feedback from previous Big Chats, medical evidence, best practice and local and national data about current services. They have also been informed by CCG member GP practices, views from other partners and Sefton's Health and Wellbeing Strategy. Appendix 3 lists the draft commissioning intentions.

Key themes from the feedback on these discussions were:

- General support for priorities listed although concerns raised about gaps are identified later in the report
- There is a need for a consistent level of practice or standards amongst GP practices.
- Not enough GPs in Sefton, need to have more so that GPs have more time to speak with patients and diagnose their problems
- Mental health and referral - There is a perceived need for services that support people with low level mental illness, that GPs need to refer earlier and that people should be able to self-refer. There is a perception that more linkages between services currently available and collaboration will help
- Obesity – prevention is important, referral to services – need more people to refer, e.g. referrals to psychological wellbeing for nutrition, recognition that asking for help takes courage
- Screening – This is important - mentioned in the You Said We Did or Are Doing presentation but not mentioned in the CCG's priorities
- Unplanned care – more walk in centres. Out of hours GP services to be open longer primary and community care is too clinically focussed – needs to be more community services and social care for it to be transformed properly

Gaps identified:

- Mental health and dementia - mental health is a strategic objective but hasn't been identified as a key priority for the CCG. People live shorter lives if they have a mental illness
- Carers – no or little support for carers with mental illness
- Problem with transport affecting peoples' ability to use services that are available
- Men's health
- Wellbeing and the impact on general and mental health
- Social prescribing. There is a need to use social prescribing to help support wellbeing and independence
- Not enough around wellbeing.
- Need to focus on integration of health and social care.
- Alcohol services – out-reach services – specialist need
- Youth is a gap – youth in the community
- Learning disability (LD) health gap – people who can't live independently, yet do not meet criteria of LD criteria so are not able to live supported in supported housing

Questions and answers

Below is a selection of attendees' questions from feedback forms and wider discussion sessions. Responses have been provided by NHS South Sefton CCG or Sefton Health and Wellbeing Board.

A similar event was held by NHS Southport and Formby Clinical Commissioning Group and Sefton Health and Wellbeing Board, so we have included questions and answers that may be of interest to all Sefton residents, to help give a clear and transparent picture of the aspiration and intentions for Sefton residents.

Sefton Health and Wellbeing Board aspiration and strategy discussions

Q. Might it be helpful to have different aspirations for different parts of Sefton?

A. Sefton Council recognises the local population have different needs based on age, gender, disability and where they live and this is evidenced in the Sefton Strategic Needs Assessment which is published on the Council's website.

Q. Have the needs of older people been adequately addressed in this aspiration, is the balance between children and older people right?

A. The Health and Wellbeing Strategy for Sefton identifies six strategic objectives to support the improvement of the Health and Wellbeing of the local population, including our older citizens.

Q. How can the aspiration enable success to be measured?

A. The Health and Wellbeing Strategy will be reviewed in the coming months and the next version will include success measures.

Q. How difficult will it be to achieve the aspiration in light of the budget restraints affecting services?

A. Sefton Council has significant budget pressures, and as previously published in both Cabinet and Council Reports, the Council is seeking to focus support on the most vulnerable members of the community, whilst continuing to maintain essential services, such as refuse collection and maintenance of highways and parks.

Q. Given the declining budget, should we be looking to pool budgets with the voluntary sector organisations?

A. The Council already funds voluntary sector organisations to support local people in many ways. This funding is often used to support voluntary organisations to seek funding from Trusts and the National Lottery. The VCF sector is commissioned to provide a wide range of services.

A. The CCG. Over the past year the CCG has commissioned a number of services from the voluntary sector. Voluntary agencies bid for funding based on stringent criteria. These criteria relate to the quality and performance of health services that the Clinical

Commissioning Group buys or commissions, and which support the CCG to meet national and local objectives. This process provides the CCG with the assurance that it is commissioning appropriate and effective services for local residents. The CCG is committed to working with the voluntary sector when appropriate to deliver the best care for Sefton residents. The two CCGs in Sefton encourage all voluntary sector organisations to work together to deliver high quality care to achieve the best possible health outcomes for Sefton residents and will consider a range of ways to best do this.

Q. Ultimately do people need to take responsibility for their own health? Where does Public Health fit in?

A. Health is everyone's responsibility. This includes individuals, communities, national government, local government, other public sector organisations as well as the private sector and community sector. Public Health fits in at all levels from national to local organisations. The Local Authority Public Health Team in Sefton commissions services that help individuals to take responsibility for their own health, but also influences others so that the social, economic and environmental causes of poor health and health inequalities are addressed.

Q. Now that public health has been transferred into the LA, will support be reduced in the community and is this affected by budget restraints?

A. The Local Authority Public Health Budget is ring fenced for three years, (2013/14, 2014/15, 2015/16). The budget is used to support improvements in health and has a positive impact on improving health and reducing health inequalities.

Q. How does the Private sector fit into the Health and Wellbeing Board structure? Are there any private members on the Board?

A. The Health and Wellbeing Board membership is in accordance with statutory guidance and therefore does not include a private sector representative. However, the sub structure to the Board provides opportunities for a wide range of people to be involved in the wider health and wellbeing system.

Q. With regard to the Health & Wellbeing strategy, who is represented on forums and who is involved in the task group?

A. The forums and task groups are still at an early stage in development and full membership has not been determined as yet. However, they are looking at ways of being as inclusive as possible in terms of wider stakeholders, and are looking at ways of ensuring that everyone who has a stake in making Sefton a better place can influence and engage with them. (Please see Appendix 4 for Health and Wellbeing Board substructure chart)

Q. How do we motivate the public and community to take more responsibility for their own health especially when some people have such low expectations of their own health in some areas?

A. The Council's Public Health Team in partnership with our health service colleagues and the voluntary, community and faith sectors will be working over the next two years with people and communities to look at how we can build individual and community resilience,

and how we can encourage people to take responsibility for their own health and wellbeing.

Q. What is the age profile of Sefton? How many people in each age group?

A. Sefton Council has produced a profile projection for 2011- 2012. The following is taken from this document:

- Despite a reduction in population of 3.2% between 2001 and 2011 (Census data), overall Sefton population projected to rise by 1% between 2011 and 2021, (274,000 to 276,800)
- Predominantly this is due to a 16% rise in residents aged 65 and over (57,400 to 66,500)
- Over the same 10 year period the working age population (18 – 64 year olds) is projected to fall by 4% (162,400 to 155,700)
- Projections for younger people also show increases with the number of under 18's set to increase slightly from 54,200 to 54,600.
- This is largely as a result of an 8% increase (31,300 to 33,700) in residents aged 10 and under.
- Increases in Sefton's population are largely as a result of internal migration from other areas of England with an estimated 77,600 people migrating in compared to 74,000 migrating out to other areas of England.

Clinical Commissioning Group - The CCG level figures are consistent with the published mid-2012 local authority population estimates. It is ONS policy to publish population estimates rounded to at least the nearest hundred persons. The estimated resident population of an area includes all people who usually live there, whatever their nationality. People arriving into an area from outside the UK are only included in the population estimates if their total stay in the UK is 12 months or more. Visitors and short term migrants (those who enter the UK for 3 to 12 months for certain purposes) are not included. Similarly, people who leave the UK are only excluded from the population estimates if they remain outside the UK for 12 months or more. This is consistent with the United Nations recommended definition of an international long-term migrant. Members of UK and non-UK armed forces stationed in the UK are included in the population and UK forces stationed outside the UK are excluded. Students are taken to be resident at their term time address.

Area Names	Age Group					
	0-14	15-64	65-74	75-84	85+	All Ages
NHS South Sefton	26,038	102,940	15,773	10,956	3,710	159,417
NHS Southport and Formby	17,553	68,034	14,296	10,213	4,184	114,280
Sefton Local Authority	43,591	170,974	30,069	21,169	7,894	273,697

Q. Crosby Community Library is closing and has PCs for people to use. Where will those people go?

A. Crosby Library has not closed, the library in that area that has closed is the Carnegie Library otherwise known as the College Road Library. People can still use the large library in Crosby on Crosby Road North, which has had its opening hours extended to cater for the

potential increase in usage following the closure of other libraries across the borough. This library has on site car parking and is close to all public transport amenities.

NHS South Sefton Clinical Commissioning Group Commissioning Intentions

Q. What about carers with mental health problems?

A. Most carers have a legal right to an assessment of their own needs. It is your chance to discuss with the social services department of your Local Authority what help you need with caring. You can discuss any help that would maintain your own health and balance caring with other aspects of your life, such as work and family. Social Services uses the assessment to decide what help to provide. You can find contact details for your Local Authority in the directory of local carers services:

<http://www.nhs.uk/CarersDirect/carerslives/updates/Pages/Directoryenquiries.aspx>

Q. Did the commissioning intentions come from patient feedback? How were they generated?

A. Commissioning plans are drawn together to reflect the health of the local population. Information from the Sefton Strategic Needs Assessment plus feedback from services that we currently commission is used to support this process. We also analyse health care data, so for example, we have identified where the CCG has differences in patient outcomes in comparison to other CCGs in England. Once this information has been brought together, the overall plan is discussed by the CCG Governing Body and wider GP membership, then shared more widely with patients and key stakeholders who are asked if they agree with the plan, and which priority issues the CCG need to concentrate on to have maximum impact in terms of positive health outcomes, reducing health inequality, and improving patient experience.

Q. Is gastroscopy being reviewed because the public identified it as an issue? Why do GPs refer more in Sefton?

A. Gastroscopy is being reviewed because the data indicates that more of these tests are performed in Sefton than other similar areas of the country. The outcomes for patients are not better than these areas despite us doing more tests. The role of the CCG is to ensure that all services are as cost effective as possible and our GPs will discuss this with our hospital colleagues. The CCG has identified this as an issue and will be working with GPs over the coming year to understand why GPs in Sefton refer more patients.

General event questions from feedback forms

Q. Can we have more notice of these events and can we choose which one to attend?

A. Council: We will seek to give more notice of the events and if you will be able to choose which event you wish to attend.

A. Clinical Commissioning Group: We do try to give as much notice as possible when

organising public events and will bear in mind your comments when planning future Big Chats. We do encourage people to attend the public event for the area in which they live, as it will be more relevant to them. Because the two CCGs in Sefton do work together on many programmes and services, people would be welcome to attend an event organised by NHS South Sefton CCG if they live in the north of the borough or vice versa. However, it does mean that people won't hear about the plans and work that has been specifically developed to address the needs of the communities they live in, which may be different across the two CCGs.

Q. Can events be better coordinated so that they don't overlap and end up looking like a tick box activity?

A. We do our best to avoid duplication or overlap when arranging events and as we work more closely together with other Health and Wellbeing Board partners this should work more smoothly in future.

Q. Before table discussions can we have a Q and A (Question and Answer) session please? My preference would be to have the opportunity to ask Q and A to top table presenters because discussion time is limited and few questions are able to be asked.

A. Where appropriate we will build a Q and A session into future events. We do try to include a Q and A session as part of our public events whenever possible. For us it is always a balance between spending time giving people an update about our work and allowing plenty of opportunities for attendees to give their views about topics covered during the event. Alongside this we are also keen to ensure that events are not too long, taking into account that people have busy lives and commitments. As this was a joint event between the CCG and the Council, there were a number of pieces of work that we were keen to tell people about and gain their views through table discussions. Because some people do not feel comfortable raising questions in front of a big room of people, table discussions are an important way to ensure that as many people as possible have the chance to contribute. When there isn't time for a Q and A session, we encourage people to write down their queries at the end of the event. We are also looking at different ways to gain more views from people. We are planning to hold 'mini chats' which would focus on only one or two issues at a time so we can explore each topic in greater depth. This will hopefully allow more time for people to consider each subject and contribute in a way that suits them best.

Q. If a GP practice is taken over by group putting in new doctors, who don't know the patients, the care has deteriorated and friend feels helpless to do anything about it. She feels they just prescribe and don't listen. What can she do?

A. We would advise anyone with a concern or comment about their GP practice to contact NHS England – the organisation responsible for commissioning Primary Care. It has a dedicated Customer Contact Centre:

Phone – 0300 311 22 33 (Monday to Friday, 8am – 6pm, except Bank Holidays)

Email – england.contactus@nhs.net

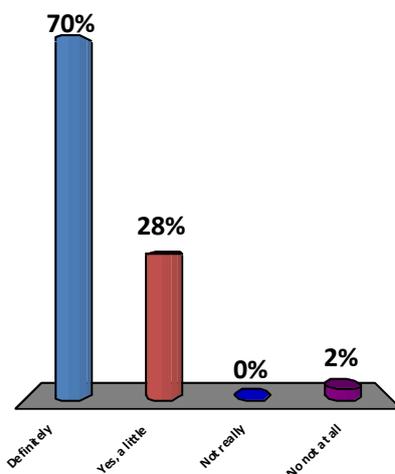
Post – NHS England, PO Box 16738, Redditch, B97 9PT

Evaluations – Your Views Count

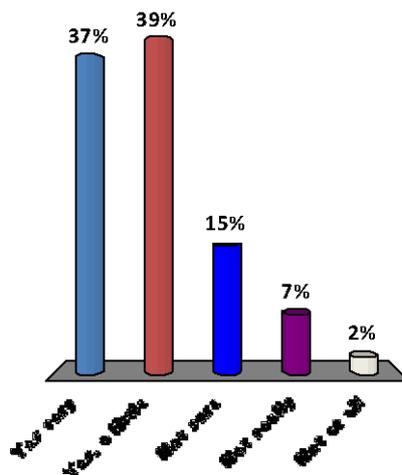
Quantitative results from ‘Turning Point’ vote

At the end of Big Chat 3 and after having heard presentations and taken part in discussions, attendees were invited to rate how far they agreed with a series of statements, using the Turning Point electronic voting system.

Q1. During the session today did you feel that you had an opportunity to have your views heard?



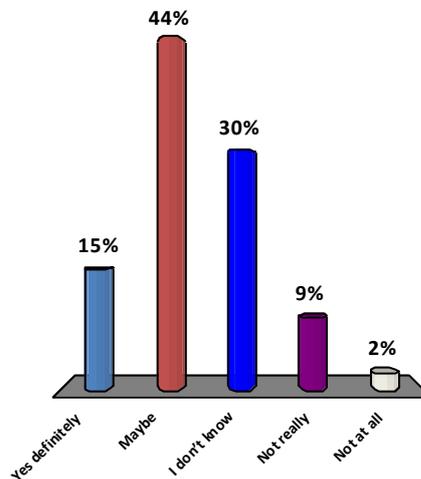
Q2. Following the presentations today highlighting how people’s views from previous consultations have been used to inform decisions about services, do you feel confident that your voice will be heard in future?



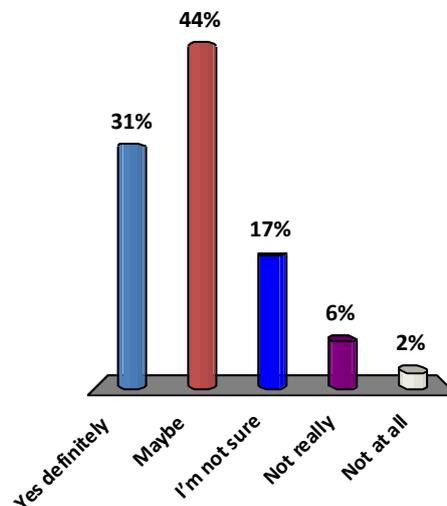
As illustrated in the graphs above, the vast majority of people, (70% definitely, 28% yes, a little), agreed that they felt they had an opportunity to have their views heard, though they feel slightly less confident, (37% definitely, 39% yes, a little), about whether their voice will be heard in future. It is hoped that the increased opportunities to engage, using mini chats

and Patient Participation Groups to supplement events like this will improve confidence levels about the opportunity to be heard and influence commissioning decisions.

Q3. Having had the opportunity to hear about and discuss our aspiration for Sefton residents, do you feel confident that we will be able to achieve this together?

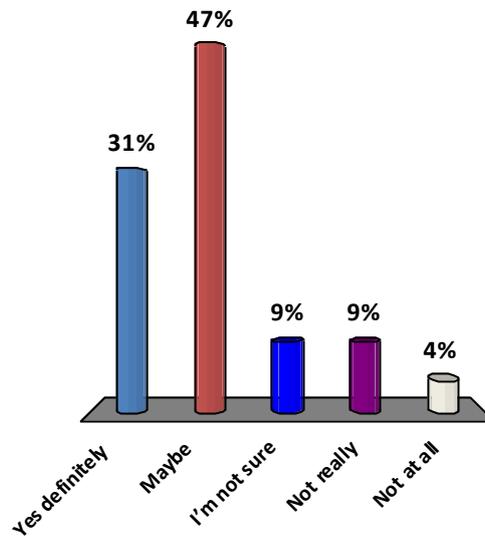


Q 4. Having heard some of the service developments and projects the Health and Wellbeing Board and partners are working on, do you feel confident about how the Health and Wellbeing strategy is being implemented?

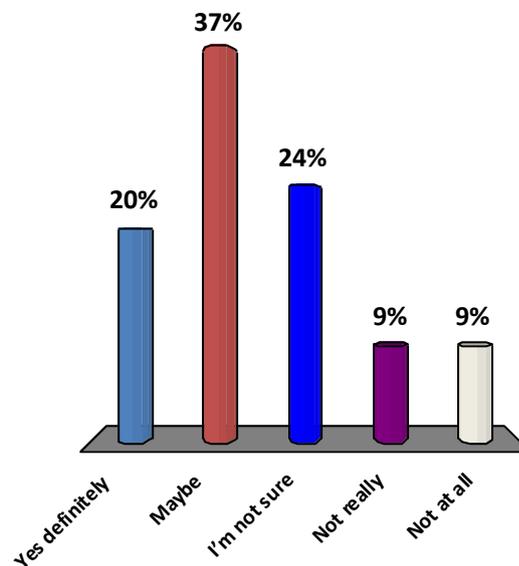


As illustrated in the graphs above, the majority of people feel uncertain about achieving the aspiration together, (15% definitely, 44% maybe). It may be useful to create opportunities for further discussion to explore the reasons for this because more people feel confident about the overall way in which the health and wellbeing strategy is being implemented, (31% definitely confident about implementation, 44% maybe confident about implementation).

Q5. Having heard about the Clinical Commissioning Groups key strategy areas, do you think they are focusing on the right issues to benefit Sefton residents?



Q6. Having heard about the Clinical Commissioning Group's commissioning intentions, are you confident about their plans for commissioning health services in Sefton?



As illustrated from the graphs above, the majority of people, (31% definitely and 47% maybe), are fairly certain that the Clinical Commissioning Group are focusing on the right issues to benefit Sefton residents though they have slightly less confidence, (20% definitely confident and 37% maybe), about their commissioning plans.

Additional comments made by people on the day

In addition to the facilitated feedback, some of the verbatim comments made on the day included views about Sefton Health and Wellbeing Board's aspiration. These include:

- The aspiration is very generic and non-specific. How will this enable success to be measured?
- Draft aspiration: We can't enforce this on to people, they have to want to become healthier themselves and make that choice.
- Difference in life expectancy may be due to historical occupations of males and females – e.g. working with asbestos
- This aspiration is similar to those that have been around for years and years.... Nothing has changed and the health problems remain. How can we now start to do this with even smaller budgets, the withdrawal of travel passes, a reduced number of libraries, community centres, voluntary organisations, day centres and children's centres?
- The bedroom tax will impact massively on what 'healthy choices' people can make and how much responsibility they can take for their own health.
- We need to bring multiple agencies together to pool our resources.
- This aspiration is a 'dog's dinner'. It needs to be more explicit with bullet points and it needs to have 'BITE'. Needs to be punchy and terse but not brutal. People sometimes need to be told in clear terms to hit home the messages. E.g. "Males die x years earlier if they are born in South Sefton than if they are born elsewhere in England. We want to change this!"
- There needs to be a focus on narrowing the gap. Aspiration fine, but it is like motherhood and apple pie.
- One thing to describe is a safe and health environment. What does it mean for different people? Very different in different parts of the borough.
- Will we be able to follow it through?
- Feels positive at the start but need to make sure positivity stays throughout.
- There is no beef to it – it doesn't say how we will do it.
- It is a wish list with no substance.
- Too full of jargon – re-write it in plain English so that everybody can understand it.
- Too high level
- Too wordy – make it easy to understand for everybody
- Needs better links to shared services
- Not joined up enough
- You need to identify aims and objectives before you can achieve the aspiration
- It needs a performance measurement system first – how can you tell if you are doing it – otherwise it is just words
- Need to reference within the aspiration a recognition of welfare reform and its effects on young people and children
- The aspiration was generally seen to be ok but it doesn't deal with the issue of how it will be implemented and this could be an issue, people want to see how it will feel in practice

Overview of views about NHS South Sefton Clinical Commissioning Group's commissioning intentions include:

- In principle the commissioning intentions were supported. There was general support for priorities listed though questions about how the priorities could be implemented in the climate of reduced resources and gaps identified in the priorities listed which have been mentioned under the feedback section on page 5
- There was some concern expressed about how care will be provided to vulnerable people in the current economic climate
- Cardiac patients: After care is lacking or sporadic. A suggestion was to push for more proactive tests to keep people healthy rather than wait until something happens and then admit to A&E / hospital
- Gastroscopy: One group wanted clarification around this topic. They asked should other tests be tried before referring for a scope
- It was also mentioned that people's expectations have increased and they are influenced by media and their peers so this may increase the demand for scopes, or a doctor may fear litigation if he or she does not refer. The fear of litigation promotes over investigation
- Think that the right things have been in train for some time now – difficulty is the reduced financial envelope – a more proactive approach to people's health is needed
- Frail elderly – need to really focus on them. Our demographics mean that we need to act faster than others
- Concerns that not enough is being done to tackle drug use, illegal alcohol and illegal cigarettes. Need to tackle this now, before we start looking at medical cases 10-15 years down the line
- Concerns of pollution in the area (from docks and Dunningbridge Road) and the impact that this has on health

Feedback forms were also placed in people's information packs:

Thirty-six people completed a feedback form and from those:

General Comments received on format and venue were:

- Very difficult to park, ended up some distance way!
- Car parking (problem)
- The person appointed to collect comments for the table group needs to be a strong leader, maybe trained. On our table there was much cathartic sharing by frustrated NHS staff but few positive conclusions
- More training and teaching
- Better than Big Chat 2 as there was more chance to discuss issues at 'grass roots'

Next Steps

Both NHS South Sefton CCG and Sefton Council are keen to continue to improve their methods of engaging with local people to ensure that discussions are ongoing and also to improve the feedback cycle so that people can see the value in continuing to share their views and experience.

...for the Clinical Commissioning Group

The CCG plans to develop ongoing, two way discussions in future that will largely take the form of 'mini chats' that work to enable people who wouldn't usually attend an event like the 'Big Chats' to have an opportunity to speak directly with commissioners about the things that matter to them. 'Mini Chats' will also enable people to talk about things that are important to them in more depth so that they feel as if they are part of an ongoing discussion rather than a one off event that doesn't necessarily give them confidence in how their views will be used to help shape services.

NHS South Sefton CCG's Engagement and Patient Experience Group is exploring ways of improving how information gathered from patient experience and public events and discussions are collated and fed into strategy development and service planning and reviews. The CVS network lead, Healthwatch Sefton and Practice Manager leads are members of this group along with council and CCG representatives, to help ensure that information is effectively utilised to support decision making processes.

Key steps for moving forward have been identified, taking account of the NHS England Call to Action document which places an 'expectation on NHS staff, the public and politicians to help the NHS to meet future demand and tackle the funding gap through 'honest and realistic debate.'

Alongside Big Chats, NHS South Sefton CCG plans to strengthen its public engagement activity in a number of different ways including:

- Working with Patient Participation or Patient Reference Groups within GP practices
- Holding 'Mini Chats' coordinated via the Healthwatch Champions and CVS networks, supported by the Engagement and Patient Experience Group (EPEG), and the Engagement Support Officer
- Using the information gained via these methods to help inform the development of the CCG Strategy and the commissioning decisions that the CCG needs to make
- Identifying areas where the CCG needs to engage further and ensure it reaches out to people who do not attend large events
- Focus future discussions on the type of questions that help to generate information that can influence service delivery and change which include:
 - Which aspects of the services that we currently commission work well and do we need to ensure that we keep?
 - What needs to be improved?
 - How can we work together to decide what to change?

The CCG is currently developing its longer term five year strategy and this will take account of feedback received from previous events, plus the feedback that will be gathered at the 'Mini Chats' that are being held locally. The Mini Chats will be planned to help improve on people's experience of attending events and give people more opportunity to explore issues that matter to them in greater depth.

...for Sefton Health and Wellbeing Board

Sefton Health and Wellbeing Board is planning a review of public voice which will involve exploring how current engagement activity supports patients and the public, including those hard to hear, to have their voice heard and to be listened to.

The Health and Wellbeing Board has established a new structure to support its communication with local residents and community groups. This was briefly discussed at the Big Chat event and will be tested over the next twelve months.

Board members will continue to work with community groups to help find ways to help local people to take steps to improve their health and wellbeing as part of the strategy for Sefton.

Appendix 1

Individual project information

IAPT (Improving Access to Psychological Therapies) engagement work that has been undertaken.

Engagement work has been undertaken around IAPT services, in response to issues identified by people trying to access the service. Issues that were raised during the engagement process include:

- Assessment over the phone presents difficulties, face to face is better.
- There are so many agencies out there that people are confused about who is their first port of call when they need support.
- Hospital waiting lists are another problematic issue for people waiting to access the service and BME (Black Minority Ethnic) issues have also been raised with the way that the service is accessed currently.

Views shared during the engagement process will help to shape an improved specification for this service, which is currently being re-commissioned. It was suggested during the session that, if required, more information could be gathered by approaching people at consultant contact and perhaps having a questionnaire that people can fill in while they are waiting in GP surgeries.

Affordable Warmth scheme

Across Sefton, two Affordable Warmth Workers (AWW), provide a home visiting service to vulnerable residents in Sefton, assisting householders to access funding towards heating and insulation measures, along with assisting residents to reduce fuel bills and fuel debt. Fuel poverty is a major issue in Sefton (it is estimated over 26,000 homes are unable to adequately heat their homes) and can result in people having exacerbated mental and physical health conditions and is considered the main contributor to the 205 Excess Winter Deaths experienced in Sefton every year. By enabling residents to adequately heat their homes we are contributing to ensuring all children have a positive start in life, supporting people early to prevent and treat avoidable illnesses and reduce inequalities in health, supporting older people and those with long term conditions and disabilities to remain independent and in their own homes, promoting positive mental health and wellbeing and addresses the wider social, environmental and economic issues that contribute to poor health and wellbeing.

The scheme has now been running for over 5 years and over 800 households are assisted on an annual basis. Last year (2012/2013) 124 households had grants completed for heating installation, repair or replacement, 52 had Loft Insulation, 22 had Cavity Wall Insulation, 6 had draught proofing and 17 were provided with Emergency Heaters. In addition to this there were 26 referrals to Department of Work & Pensions (DWP) & Welfare Rights Team, 41 referrals to Merseyside Fire Service for free fire safety checks, smoke alarms & fire prevention measures, 17 referrals to Private Sector Housing for advice, 7 referrals to Health & Social Care for Occupational Therapy assessments for various disabled facilities such as level access shower adaptations, grab rails and stair lifts. Recent changes

to grant schemes have caused a lot of confusion amongst the general public and other front line staff, resulting in the AWW spending more time assisting people through the correct grant schemes. In addition, the rising fuel prices (30% in the last 5 years) have also resulted in more residents finding themselves in fuel debt and requiring the services of AWW to negotiate manageable payment plans with the supplier, or even applying to have the debt cleared. The role of the AWW is more important than ever, to source and access new types of support and funding schemes along with providing energy efficient and fuel debt advice.

Healthwatch Community Champions model

Healthwatch (HW) is an independent organisation, funded by Department of Health – their aim is to find out what people think about, and their experience of using, local health and social care services. In Sefton, the Community Champion role was established to collect information from a variety of community venues including community centres, GPs, and community areas of high rise blocks. The champions leave a box in the venue and encourage people who use the centre to complete a form with their views, pop it in the box and these are collected regularly for review. The champions also take stands out into the local community to talk to people. Norwood GP practice worked with the champions to put a box in the surgery to gather information. Much of the info was positive although some changes were identified around the appointment system and the surgery responded positively to this. People around the table were very positive about this type of working and the way that it sets up a perpetual audit cycle involving patient feedback. HW try to provide balanced feedback and identify themes in the reports that they present. They also have an advocacy service that can support people to take complaints forward. Healthwatch explained that they will also have an enter and view team from January whose role will be to visit places where care is received and work with the Care Quality Commission to share the information gathered. They also work with individual groups of people who may struggle to get their voice heard and HW explained an example of how they worked with the deaf community to identify differences in use of interpreting services in the North and South of the borough to support people with out-patient appointments. The May Logan Centre have had a good experience of working with the champions to support people with difficulties getting through to the Audiology service at Aintree University Hospital NHS Foundation Trust, the work done has encouraged the Trust to increase the amount of telephone lines available for this service.

Virtual Ward

As part of its wider integrated care programme, the CCG has developed a new pro-active service to support patients who meet particular criteria. It provides people with more joined up, individualised health and social care to promote independence, where they can be cared for at home if possible.

Health services, social services, hospitals, public health and the voluntary sector work together to provide the support needed. This is a new scheme and the early benefits have been shown through increased medicines management and increased confidence. Dementia screening and falls assessments are offered to everyone who receives this service. The service is led by a community matron who has access to a multi disciplinary support team that brings locality nursing teams together with professionals from all other organisations involved in the programme.

A 'Risk Stratification' programme, (electronic tool), identifies patients who would benefit from this pro-active approach.

Each of the localities has around 40,000 patients and are keen to improve how they care for the chronically ill. One of the main issues is loneliness or isolation which can be greatly helped by supporting the person to become more independent and confident about self managing their illness.

Caradoc Kids Club

The club was set up by 4 parents in Seaforth (South Sefton) who want to make a difference. They were responding to a lack of play & youth provision for young people aged 6-14 years in the Seaforth area which had been identified in the JSNA consultation and via Parent Forum feedback.

Further consultation was carried out with parents who identified the need for young people to 'get out of the house' and engage with peers in a non-threatening environment. Parents were encouraged to engage in volunteering opportunities and training was offered to support this. Volunteer parents were encouraged to identify their individual skills and knowledge to take on responsibilities within the group and to present their ideas for the project to the Caradoc Mission AGM.

Four proactive parents came together from Seaforth, Seaforth & All Saints Children's Centre, Sefton CVS, The Caradoc Mission, The Brunswick Youth & Community Centre, One Vision Housing, South Seaforth Residents Group to set up a Club. The Club runs once a week and then more during the summer holidays. There are two sessions: young age group and senior age group, with some of the seniors helping out at the junior session. The four mums and a church elder provide support. They develop the programme of the club based on asking the children what they would like to see/do. One of the benefits has been enabling children from different areas of Seaforth to play together. Club members plan to grow their own food and cook it. The children are being active and exercising. The Club has also received funding from Merseyside Police Anti-Social Behaviour/Gun Crime. The children who attend come from the Bootle, Litherland and Seaforth area.

The parents are growing in confidence and being involved in areas of work where they can see it is making a difference, and where they can influence change in their community and improve their family's life chances. The Caradoc Mission provides a venue and some of the funding for the Club, which was named by the children & Young People who attend. The Clubs' Steering Group sits under the umbrella of the Caradoc Mission.

Local residents contributed resources for the group. Seaforth Residents group also made a contribution to the club and Seaforth Children's Centre funded Play & Youth Work Training, Resources for 'Open Day' and funding for publicity. Sefton CVS Organisations Development Team provided advice and guidance on 'Small Charity' status for the Kids Club which may be adopted by the group in the near future.

Sefton CVS Children Young People & Family lead in providing the 'Keeping Kids Safe' programme of training for parent volunteers. The Club 'Open Day' attracted 168 people with 34 young people signing up to attend the Club. The Club currently has approximately 40 (6-14 year old) children attending one night a week and approximately 16 attend the senior age

group. Children's behaviour is changing locally, they are becoming more aware of their environment, picking up litter and making friends with each other. Other local groups have noticed a decrease in anti-social behaviour.

Sefton Directory

Sefton Council responded to identified need which showed that people are unaware of or confused about services that are available in the area to support health and wellbeing.

The directory will showcase all of the services that are provided either on a statutory or voluntary basis within the Sefton area, giving people the opportunity to search for a local service that can help them with an identified need. The directory will be on-line because printed directories are so difficult to keep up to date, and also because of the cost of printing and distribution. The directory will be advertised though so that people can be supported to access the information it contains, perhaps using Healthwatch Champions, community groups that have an online facility and volunteer supporters, or family and friends.

The directory will contain information about services in Sefton which don't just support people's health and wellbeing but there will be a search facility which should prevent people from being overwhelmed by the amount of facilities they have access to via the directory.

The Sefton MBC Directory is distinctly separate to, although informed by, the Sefton CVS Directory which was funded by the two Clinical Commissioning Groups in Sefton and is currently being developed to enable local service providers to update their own information to ensure that services that are available to support people in the local community are easily identifiable and can be referred into by front-line professionals. It is envisaged that as it develops, it will also be possible to monitor uptake of services referred into and any barriers to access using this directory.

One Vision Housing Independent Living project

This is a ten week project designed to assist residents living within here is a supported housing service to help keep residents mobile and healthy and remain living independently within their own homes for as long as possible. The first six weeks consists of hour-long chair based exercise sessions delivered by the One Vision Housing Health Promotion Officer. The sessions are open to all residents regardless of any disabilities as all exercises can be adapted based on participants abilities. The remaining four sessions consist of 'one pot cooking' classes which show residents how to produce healthy, nutritious meals which require minimum preparation and can be easily frozen so that they can be saved for future meals. One of the most important aspects of this project is that it offers residents the opportunity to get out of the flats and provides a social experience for them.

The One Vision Housing supported housing offices help with the recruitment of volunteers. The cooking sessions are delivered by Liverpool Community Health.

The project has helped a large number of participants go from being very low in confidence and scared to get involved on week one, to completing hour long exercise classes within a matter of weeks. Some participants who previously found it difficult to move without the help of a walking stick or frame were completing the class unaided. One of the biggest things to come out of the sessions is the fact that some participants were never leaving their flat apart

from to attend these sessions. The social interaction coupled with the exercise and healthy eating has not only improved their mobility and health but has also given people something to look forward to and has given them the skills to live more independently.

There are a number of other venues that One Vision Housing would like to deliver this project in and they are exploring opportunities to work with partner agencies so that each of the projects can be continued in a sustainable way.

Black and Ethnic Minority Community Development Project

The BME CDW Project is overseen via the Equalities team of Sefton CVS, and funded by the Sefton CCGs to work with mental health and social care providers to improve both access to mental health and social care services and service user experience by members of the BME/Migrant communities in Sefton. The project aims to identify and address language and other cultural barriers that prevent service user access. To this end the project facilitates, and delivers, a number of activities, training activities and initiatives in partnership within the local community.

A BME lead network, (Equal Voice), facilitates engagement and feeds issues and concerns arising from the BME community into the borough wide strategic decision making partnership groups. The initiative provides a Bi-lingual Interpreter Project, which recruits and trains bi-lingual volunteers to provide community translation services to local social care agencies within Sefton. It also ensures representation on Strategic groups and forums with specific focus on addressing issues relating to the BME/Migrant community, and facilitating a quarterly BME Offender Forum in Liverpool HMP is working with officers to identify and escalate inequalities and discriminatory practices that negatively impact on offenders Mental Well Being.

A programme of training has also been developed including:

- Racial Cultural Competency Training
- Working with the BME/Migrant Community - Understanding Barriers to access
- Mental Health First Aid, an accredited course for which we have recently won a national award for our work with the local migrant and Chinese communities in addressing stigma associated with Mental Health.
- Mental Health & Debt
- Mental Health Awareness
- Hate Crime
- Equality and Diversity

There are weekly 'surgeries' for members of the Migrant communities in Southport at Holy Trinity Primary School and Parenting 2000, to identify, address or refer on to appropriate services, and report upon wider issues that negatively impact upon the mental health and wellbeing of families e.g. barriers to accessing services, welfare benefits and housing problems.

To date project activities have resulted in an increase in access to appropriate services, (e.g. GP practices, health and social care provision, mental health services) appropriate welfare benefits (e.g. ESA, JSA, Housing Benefits, Crisis Funds) health and other

information (translated into appropriate languages) by BME service users and hence increased the mental health and economic resilience of BME Families.

The project also supports commissioners to gain a better understanding of the needs of the community through the development, commissioning and delivery of more culturally appropriate provision. Another positive outcome has been a decrease in the cost of restorative/acute services as a consequence of earlier intervention and/or the prevention of escalating needs by providers.

Appendix 2

Sefton Health and Wellbeing Board draft Aspiration

By 2020 we aim to improve the health and wellbeing of all Sefton residents and narrow the gap between those communities with the best and worst health. We will work with parents and carers so that all children and young people have opportunities to become healthy and fulfilled adults. We will seek to improve opportunities and support residents to make choices so that people are able to live, work and spend their time in a safe and healthy environment and provide early support so that people can remain independent for longer if they wish.

Appendix 3

NHS South Sefton Clinical Commissioning Group Commissioning Intentions 2014 – 2015

- Continue to develop Virtual Ward
- Improve care for frail elderly people
- Enhance community based urgent care services
- Review intermediate care
- Review gastroscopy procedure
- Increase rehabilitation services for heart attack patients

Appendix 4 - Sefton Health and Wellbeing Board substructure



FORUM LEADS/CHAIRS

FORUM	LEAD	CHAIR	VICE-CHAIR	BOARD SPONSORS
Adults	Robina Critchley	Roger Pontefract	Tina Wilkins	Councillor Cummins Dr Shaw
Wider Determinants	Janet Atherton	Rob Pritchard	Alan Lunt	Councillor Kelly Dr Leonard
0-19 Early Life	Colin Pettigrew	Nigel Bellamy	Debbie Fagan	Councillor Moncur Fiona Clark
TASK GROUP	LEAD	CHAIR	VICE-CHAIR	BOARD SPONSORS
Resources and Performance	Fiona Clark	Jim Black	Martin McDowell	n/a
Communication & Engagement	Sue Holden	Tracy Jeffes	Dan Grice	n/a
Intelligence	Simon Carrigan	Sam Tunney	Linda Turner	n/a