

# Big Chat 3

**29<sup>th</sup> October 2013, Family Life  
Centre, Southport**

**NHS Southport and Formby Clinical  
Commissioning Group**

**Sefton Health and Wellbeing Board**

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## **Introduction**

The Big Chat is one of the ways in which NHS Southport and Formby Clinical Commissioning Group creates a forum for local people and commissioners to meet to discuss a wide range of issues relating to health and wellbeing. At Big Chat 3, NHS Southport and Formby Clinical Commissioning Group and Sefton Health and Wellbeing Board came together to talk about their joint plans. This gave people an opportunity 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 Southport and Formby Clinical Commissioning Group**

From 1 April 2013, NHS Southport and Formby Clinical Commissioning Group became responsible for planning and buying or 'commissioning' the majority of local health services for Southport and Formby residents. This membership organisation brings together the 20 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 do more to improve services for residents across the borough.

## Event summary

The third Big Chat event took place on 29 October 2013 and was a joint event with Sefton Health and Wellbeing Board. It was attended by 63 members of the public and groups representing members of the public, with 19 members of staff from NHS Southport and Formby Clinical Commissioning Group (CCG) and Sefton Council acting as presenters or session facilitators.

The format for this event involved a '*You Said, We Did, or Are Doing*' theme. The format allowed both NHS Southport and Formby CCG and Sefton Health and Wellbeing Board to share information on how people's views and experiences from previous consultations and events have informed service development. In some cases this feedback has led to 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 this can be collectively achieved through working with the public
- NHS Southport and Formby CCG's commissioning intentions for 2014-2015 (its annual 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 discussions 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. However, 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 inform commissioning decisions and strengthening the internal mechanisms for collating and feeding this information into strategy development and service review and planning via both NHS Southport and Formby 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 Southport and Formby 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 an electronic voting system called Turning Point
- 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 NHS Southport and Formby CCG's website and therefore will be available for those who didn't attend but would like to learn more about what it 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 Southport and Formby 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:

- Improving Access to Psychological Therapies (IAPT) engagement work that has been undertaken
- Affordable Warmth scheme
- Healthwatch Sefton’s Community Champions model
- Developing Patient Participation Groups
- Formby care home GP pilot
- Caradoc Kids Club
- The service directory being developed by Sefton Council
- One Vision Housing Independent Living Project

(See Appendix 1 on page 21 for a description of these projects)

People were asked to focus their table discussions on questions about the projects - specifically 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:

- A positive view about sharing this information; it’s not always well publicised
- The directory was seen as a positive way forward though people raised the issue of support for those who aren’t internet literate and also that activities should be presented in a ‘things to do’ kind of way, rather than simply ‘services available’.
- Sharing in this way can encourage others to develop similar initiatives that will support wider parts of the community
- Sharing in this way can also develop awareness and confidence about how to access support or apply for funding to help with running costs to support such initiatives

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

Participants were asked to give feedback on the draft aspiration. Key themes from the table discussions were:

- The aspiration is too general and needs to be more specific
- Recognising that budgets are reducing, the aspiration should target those in most need; acknowledging that the challenge will be to achieve the aspirations in all communities
- It needs to refer to co-production and linking partnership structures together
- Whilst it is good that the aspiration refers to children and young people, it needs to include reference to older people as well and the feasibility of this in the current climate of budget restraints
- Concern was raised about how people will be supported to live longer in their own homes as equipment services appear to be reducing at the moment
- Someone else commented that the aspiration needs to allow people to take calculated risks, rather than be dictatorial in message giving

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

- Partners need to work closer together, invest in staff and share data and commission more together
- Help people to see the choices they can make for themselves
- Opportunities for everybody – shouldn't depend on where they live
- More education and awareness on healthier food choices
- Need to create a protected environment/community for older people (homes/services/amenities all in a dedicated locality) – this needs to be highlighted in Sefton Council's Local Plan.
- Need to work closer together and commission more together
- Need to be closer links with Registered Social Landlords (to help meet peoples' housing needs and enable them to stay at home longer)

The draft aspiration can be found in Appendix 2

### **Table Discussion 3 - Feedback on NHS Southport and Formby Clinical Commissioning Group's Commissioning Intentions**

NHS Southport and Formby Clinical Commissioning Group 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:

- The issue of whether the commissioning intentions are generated from patient identified issues or feedback or from national priorities / cost saving exercises? (see questions section)
- More training for practitioners to ensure consistency of approach and more holistic view that supports wellbeing as part of overall health improvement
- Increased awareness of services available to support people and how to access them
- Education and information for both practitioners and members of the public will support healthier lifestyles and better uptake of preventive services and behaviours but how do we promote this and motivate people to participate and use this information?
- What about prescription medication waste? There is still a lot of medication prescribed on repeat that isn't necessary and this has a big cost implication
- Two people who had been through gastroscopy procedures agreed that the service needs to be reviewed and gave their details to enable them to participate in this.
- There was general agreement that the commissioning intentions are on the right track and a useful way forward

#### **Gaps identified:**

- Consistency of practice across services (staff skills in treatment rooms for example)
- Medication waste on repeat prescriptions for medication no longer required
- Choose and book – needs to be used more to increase patient choice of appointment
- Services these days sometimes feel more as if they are for clinician convenience than patient benefit
- Mental health?
- One attendee felt it would be useful to also consider eyesight services within the priorities, in light of Southport and Formby's ageing population



## Questions and answers

Below is a selection of attendees' questions from feedback forms and wider discussion sessions. Responses have been provided by NHS Southport and Formby CCG or Sefton Health and Wellbeing Board. A similar event was held by NHS South Sefton 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 has 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 cuts affecting services?**

**A.** Sefton Council has significant budget pressures, and has previously published in both Cabinet and Council Reports that it 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 Voluntary Community and Faith (VCF) sector is commissioned to provide a wide range of services.

**A. The CCG** has over the past year 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 Clinical Commissioning Group to meet national and local objectives. This process provides the Clinical Commissioning Group with the assurance that it is commissioning appropriate and effective services for local residents. The Clinical Commissioning Group is committed to working with the voluntary sector when appropriate to deliver the best care for Sefton residents. The two Clinical Commissioning Groups 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 continue to look at 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. Sefton Council's Public Health Team 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 Sefton Council, will support be reduced in the community and is this affected by budget cuts?**

**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 Sefton Health and Wellbeing Board's structure? Are there any private members on the Board?**

**A.** The membership of Sefton Health and Wellbeing Board is in accordance with statutory guidance and therefore does not include a private sector representative. However, the sub structure of 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 and 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 make healthy choices.

## **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.

**A. CCG** level figures are consistent with the published mid-2012 local authority population estimates. It is Office of National Statistics (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  |

## **NHS Southport and Formby Clinical Commissioning Group Commissioning Intentions**

**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 Clinical Commissioning Groups 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 Clinical Commissioning Group need to concentrate on to have maximum impact in term of positive health outcomes, reducing health inequality, and improving patient experience.

### **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 (Clinical Commissioning Groups), in Sefton do work together on many programmes and services, people would be welcome to attend any event organised by NHS Southport and Formby CCG if they live in the south 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 Clinical Commissioning Groups.

**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 (Questions and Answer) session please? My preference would be to have the opportunity to ask questions 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 Clinical Commissioning Group 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 a 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](mailto:england.contactus@nhs.net)

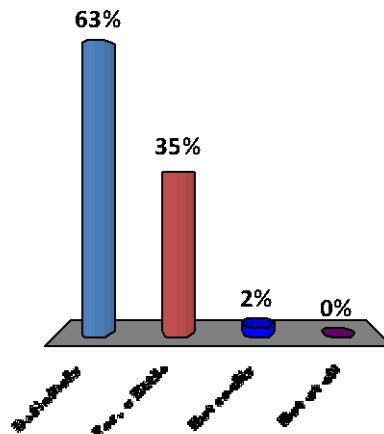
Post – NHS England, PO Box 16738, Redditch, B97 9PT

## Evaluation

### Quantitative results from 'Turning Point' vote

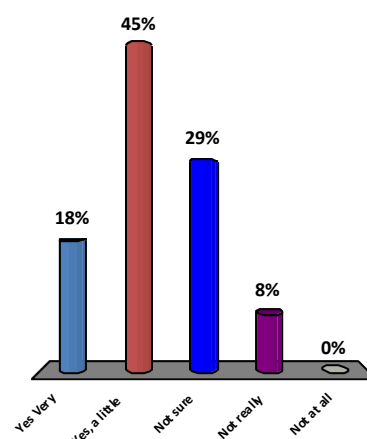
At the end of Big Chat 3 and after having heard presentations and taken part in discussions, attendees were invited to rate how far they agreed with a series of statements, using the Turning Point electronic voting system.

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



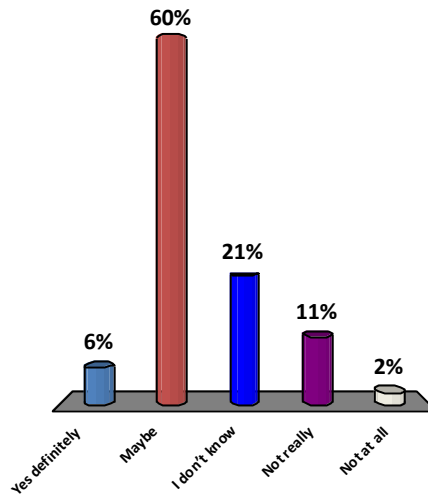
A significant proportion of participants, (63% definitely and 35% a little), felt positive about the experience of attending the event and the opportunity to share their views even if they had potential improvements that they wanted to suggest afterwards.

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?



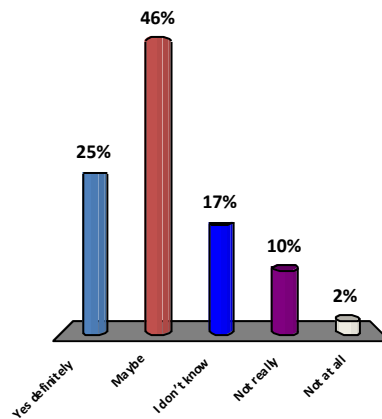
A slightly smaller proportion of people, (18% definitely and 45% a little), are confident about how their views will be heard / used in future.

**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?**



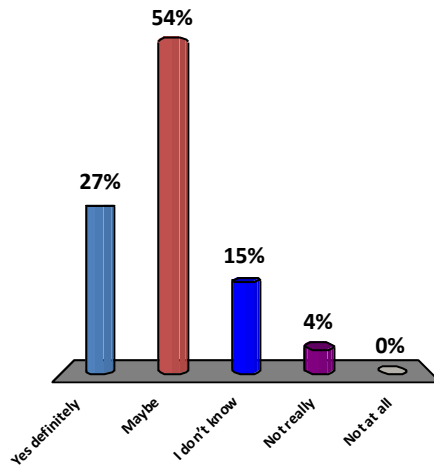
A significant proportion of people who voted were less certain about their answer to this question, with 6% of people agreeing that we would be able to achieve the health and wellbeing board aspiration together, 60% said maybe and 21% didn't know.

**Q4. 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?**



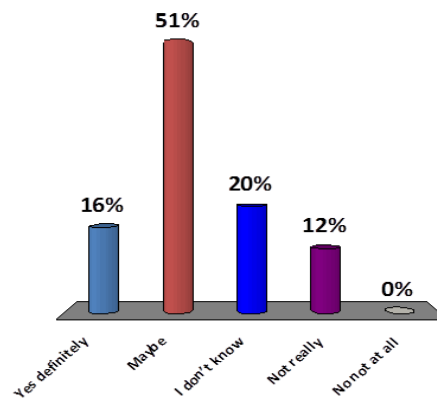
People who voted expressed a little more confidence about how the strategy is being implemented, with 25% definitely feeling confident about the way the health and wellbeing strategy is being implemented and 46% feel a little confident, with only 17% saying they didn't know and 10% being less confident.

**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?**



Of those who voted, 27% believe the Clinical Commissioning Group are definitely concentrating on issues that will benefit Sefton, 54% think that maybe they are on the right track and 15% don't know.

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



As the chart illustrates, 16% of people agreed they are definitely confident about the Clinical Commissioning Group commissioning intentions, 51% weren't as sure about this question so chose maybe and 20% not sure.



## **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 too strategic and woolly” and

It will be “difficult to work towards in the current economic climate.”

“The gap between communities in the north and south of the borough is huge. A big challenge will be to raise aspirations between the worst off and most affluent communities”.

A view was expressed that the aspiration should be about recognising the strain on services, and that the ultimate aim for everyone needs to be more health, wellbeing and happiness, but then put things in place for those who find it hard to do things for themselves. There is also a need to tackle inequality but this often links back to economic inequality and this needs to be a feature of the economic strategy around health inequality being primarily about economic inequality.

A concern was raised that key community venues and services are being removed and this will have a negative impact upon people's health and their ability to remain independent in a safe and healthy environment e.g. libraries and children's centres. Another view that was expressed highlighted that pulling everything back upstream may be the only way to help address this but (that) relies on people taking responsibility and still being able to provide a reasonable level of service when it is required.

## **Overview of views about NHS Southport and Formby Clinical Commissioning Group's commissioning intentions include:**

### **Key priorities**

On one table, participants felt that the Clinical Commissioning Group's key areas of priority should be unplanned care, locality working and patient / public views.

Another table agreed that the commissioning intentions are on the right track. Participants in this discussion also felt that whilst most people are willing to travel in order to benefit from specialist care, they would prefer to access general services as close to home as possible. With regard to obesity, it was felt that this is one of the hardest things to tackle and one of the difficulties as some nurses and doctors who should be advising on this are obese themselves.

Another discussion focused on heart disease, especially rapid access and asked; does it mean people have to travel further? They agreed a need to balance quality

with quantity but also need to involve ambulance services more in providing what is needed.

Another table agreed the need to look at prevention but also to deal with those in receipt of services. Concern was expressed that the target is how many children are weighed not how many have their weight reduced. It was also suggested that we need more health visitor input to mums.

Gastroscopy – better to err on side of caution. How do you balance fears of patient if doctor says no, you can't have one.

One of the table discussions suggested that there is a perception of cuts and that this is seen as the reason why people are being sent to different hospitals or clinics. It was suggested that there is a need to educate people about why it makes sense to move people to other hospitals .i.e. to see specialists and to emphasise that it isn't because of cuts.

This table also raised concern about the waste of medication – for example the repeat prescription service giving out medication when people don't need them any more leading to a waste of money. Chemists automatically collect them without checking.

### **Overview of results from feedback forms:**

There were 31 evaluations, or feedback forms completed for this event. Of those who responded, 24 people agreed the venue was good and 7 felt it was adequate. 22 people agreed the format of the event was definitely useful and 9 said it had some use.

### **Overview of general comments received about event format and venue:**

More time should be given to allow attendees the chance to ask questions of those presenting

It is important attendees receive feedback about the outcomes of all Big Chat events (from individual who felt the event format was definitely useful)

Presentations should be clearer and bolder, using colours that make it easier for people to see and less small text, which people struggle to read – if you spend too much time concentrating on reading what's on the screen, you miss out on the speakers comments

## Next Steps

Both NHS Southport and Formby CCG and Sefton Health and Wellbeing Board 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 take the form of regular '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 Southport and Formby Clinical Commissioning Group's Engagement and Patient Experience Group is exploring ways of improving how information gathered from patient experience and public events and public discussions are collated and fed into strategy development and service planning or reviews. The CVS network lead, Healthwatch Sefton and Practice Manager leads are members of this group along with council and Clinical Commissioning Group 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 Southport and Formby 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

This section gives an overview of the projects which were discussed in the 'You Said We Did, or are Doing' table discussions (see page 6).

### **Improving Access to Psychological Therapies (IAPT) 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 a 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, 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 and 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 Sefton Community Champions model**

Healthwatch Sefton (HW) is an independent organisation, funded by the Department of Health. Its 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. 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 tries 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 it 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. Southport & Ormskirk NHS Hospital Trust have made a positive response to this work and agreed to increase the use of interpreters available to people using audiology services as a result of this.

### **Developing Patient Participation Groups**

Patient Participation Groups are useful methods for GP practices to communicate with their patient population. When working well they support practices to understand the issues that their patients face in relation to care provided, the environment care is provided in and the kind of things that prevent people from engaging with care so that the practice can work to address these issues in order to provide care in the way which best meets the needs of their patient population. Patient Participation Groups can also help GP practices to consider the implications of service changes, for example, how the implementation of new legislation or best practice guidelines may impact on patients as well as on staff.

The CCG is keen to support practices to develop their Patient Participation Groups and it has been suggested that a network may be helpful to explore issues that many practices struggle with such as: representative recruitment so that the group is able to represent as many of the patient population as possible, developing patient leadership so that patients are able to take a lead in running the group and exploring ways of communicating with other patients who prefer not to or are unable to attend meetings.

Work to support this at the moment includes: engagement support worker meeting with Practice leads to establish a support network, and particularly, methods of improving recruitment and representativeness of groups.

### **Formby care home GP pilot scheme**

The focus of the initiative is on care homes, predominantly in Formby and a small number in Ince Blundell. GPs were invited to express an interest in being involved, which then informed the choice of care homes, and which practices would be involved. A number of Key Performance Indicators were established to help monitor the project, which will go live in December.

Formby had been chosen as it was small enough for a pilot, and there was expertise in the area to support this. This project is part of the Clinical Commissioning Group's wider Care Closer to Home integrated care programme. It runs alongside GP Out Of Hours and is assisted by the Primary Care Foundation. The project is a recognition of the need to work in a smarter way to address health issues: the solution is not necessarily simply an increase in GP opening hours: it may be as much about bringing services together and working in a more coordinated way to provide the care that is required to support people most effectively.

### **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 and / 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 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. 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.

## Appendix 2

### **Sefton Health and Wellbeing Board 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

### **Southport and Formby Clinical Commissioning Group Commissioning Intentions**

- Review Gastroscopy procedures
- Simplify and Improve Services that treat Heart Disease
- Improve Services available in Treatment Rooms
- Increase the Number of Patients seen within Two Weeks of Referral to Hospital with Suspected Cancer
- Reduce numbers of Children with Obesity

## 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<br>Dr Shaw    |
| Wider Determinants         | Janet Atherton   | Rob Pritchard    | Alan Lunt       | Councillor Kelly<br>Dr Leonard   |
| 0-19 Early Life            | Colin Pettigrew  | Nigel Bellamy    | Debbie Fagan    | Councillor Moncur<br>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                              |