

## **LOCALITY STAKEHOLDER EVENTS FEEDBACK**

### **1. Purpose**

To provide the Board with the feedback from the six locality stakeholder events that took place in July.

### **2. Introduction**

Members will be aware in previous years the PCT held one Stakeholder event, before the AGM as a means to engage with our public and partners on the work of the PCT and to develop a dialogue on setting the priorities for the PCT.

This year it was decided to hold the stakeholder events in each of the localities, to localise the events and to get a wider representation of people to feed into the locality objectives.

Therefore the Locality Management Teams were tasked to organise the events within their localities working with Vista.

### **3. Locality Events**

All the events were held in the afternoon and started off with a quiz as an ice breaker and were opened by one of the Directors; Andrew Donald; Tony Ruffell or Louise Pritchard, with Peter Thebridge speaking about clinical leadership at the BSA/WHH locality event. The Locality Directors provided an overview of their respective localities and the priorities for each locality. The health bus was also available throughout the afternoon to do health checks which was popular at all events. There were a number of stalls from different agencies at the event to provide information on the various services available.

At the events the participants were asked to work in groups around the key priorities of the locality. The groups looked at what were the local issues, barriers, local services available and finally what should we be doing to tackle the issues and who should we be working with?

At some of the events, the participants were asked to vote for the actions/interventions they identified in the workshops as priorities to take forward.

In addition, the Washwood Heath and BSA Localities working in partnership with local partners organised the Family Fun Day, to enable us to engage the wider public in the priorities of the locality.

A full report for each of the events is enclosed. The outcomes from the events will be fed into the Locality Commissioning Development Plans.

An evaluation will be undertaken on the effectiveness of locality based approach to organising stakeholder events, which will inform next years planning of the stakeholder events.

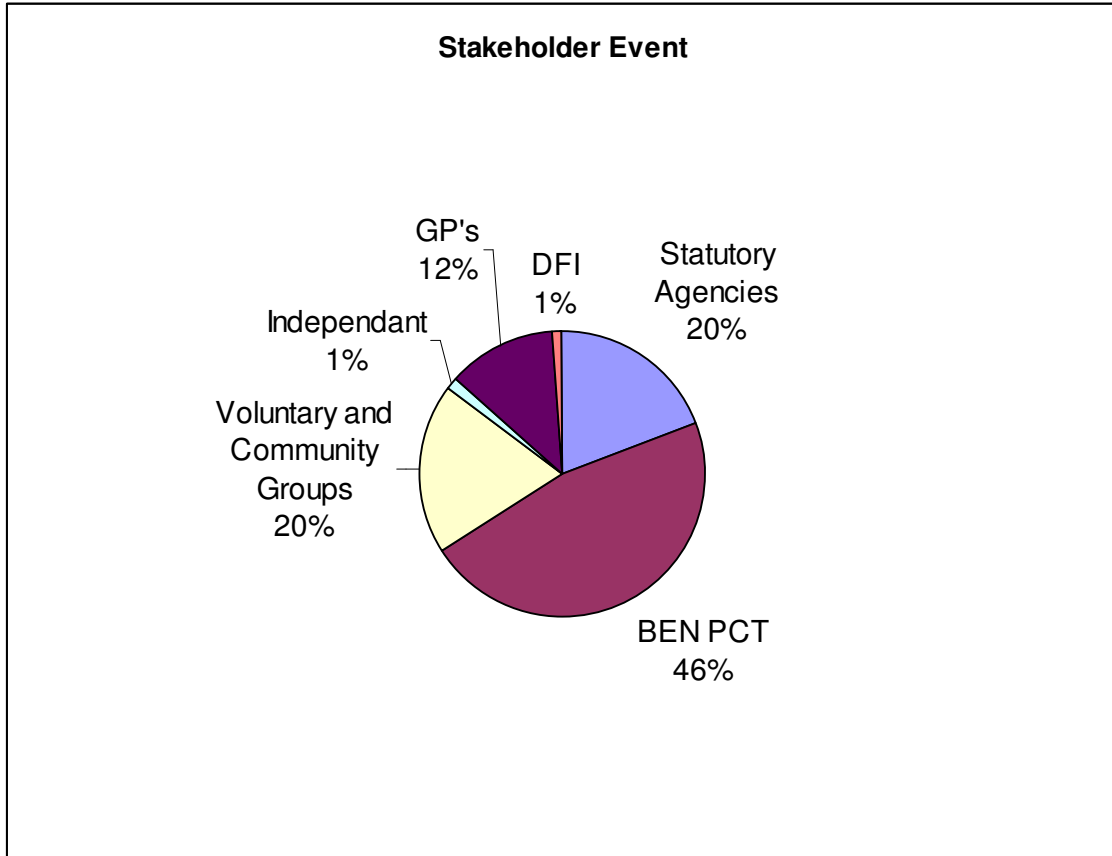
### **4. Recommendations**

The Board is recommended to note the contents of this report.

**Washwood Heath/Hodge Hill and BSA Locality Stakeholder Event.**

**Attendance**

81 people attended the event, the breakdown of where people came from was as follows:



**Workshops**

**Sexual Health**

<b><i>Issues:</i></b>	<b><i>Barriers:</i></b>	<b><i>What should we be doing?</i></b>
STD increase	Embarrassment; not wanting to discuss with GP's.	Start at home/school education
Poor education, lack of awareness	Wrong advice given (peels), not having specialised staff.	Educating carers/parents
Embarrassment	Attitude of carers	Supporting disabled people to keep their children.
Wrong advice given (peels), not having specialised staff.	Cultural barriers	More partnership working.
Lack of training	Ignorance	More info/education on safeguarding
Learning disability	Accessibility	More independent advocacy (LP).
Accessible info	Availability-hours/WE/BH	More preventative work
Abortion	Financial	Use pharmacies more/involve.
Unwanted pregnancy	Home life-positive and negative	Publicity/marketing
Training of care (providers)	Religion	Sexual health needs assessment
Scared-not sure where to go	Waiting time	Statistics
Ignorant	Complexity of diagnosis	Patient experience
Confused		Parents associate with sexual activity:
Gender issue- patient and clinical		HPV vaccine
Confidentiality/privacy		Impotence
Anonymity		Contraception
Financial-real or perceived		Educating parents:
'Knock on effects'/costs		Media
Stigma/cultural resistance		Schools
		GP's/Clinics

**Children and families**


<b><i>Issues</i></b>	<b><i>Barriers</i></b>	<b><i>What should we be doing?</i></b>
Support services	Health inequalities (Dr and patient relation, antenatal and midwife relation)	Educating
Faith organisations- mosques/charities	Need more investment in parks and community centres	Promoting services via local voluntary groups
Make resources available e.g. through schools centres- co ordinate them(monitored systems)	Access to early antenatal care	Unity FM-radio
Solvent abuse	Mothers present for antenatal care late	Paces of worship
Communication issues- language barriers/social/economic	Start educating young people in schools-inform teenagers in social development classes.	Information at GP surgery's
High population in certain areas	Mental health for children	Plasma screens in neighbourhood offices
Less services		Engage community leaders
Education awareness- families as a unit		Cultural issues need engaging
Engagement with current services-issues with correct signposting		Raise awareness
Dissemination of information – information should be presented in the right way.		Health through warmth
Greater partnership working-PCT-Education-Council		Signposting services e.g. C.A.B and A.K centre
Need to utilise groups-faith groups/community groups/churches/mosques		Diet and exercise
Peri-natal mortality-folic acid		
Health promotion		
Engage with existing networks- taking into account seasons e.g. Ramadan and Christmas.		

**The big killers**

<b><i>Issues:</i></b>	<b><i>Barriers:</i></b>	<b><i>What should we be doing</i></b>
Costs	Cost	Ask community members
More preventative medicines (Post code lottery?)	Access	Streamlining services
screening for all diseases	Lack of awareness	Promote awareness
health education	Availability of services	Working in partnership
signs and symptoms	Location	Early education e.g. schools
early diagnosis	Lifestyles-healthy eating/smoking/activity levels	Take services out into community/business.
	Cultural awareness	Social support
	Language	Screening at a young age
	Selecting products	Expert patient promotion e.g. pharmacy
	Fitness	Work together
	Education	Local services
	Manage stress	Support voluntary sector
	Independent advocacy-attitude and fear	Prevention:
	Services are not always inclusive	Screening
		Awareness-family history?
		Diet
		Smoking
		Education
		Salt intake
		Diabetes prevention:
		Screening diabetes
		Lifestyle issues-diet/lack of exercise
		Effects population as a whole
		CVD:
		Lifestyle-smoking/diet/exercise/drinking

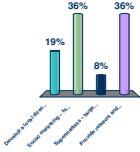
## Voting Priorities

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### The Big Killers


1. Develop a local directory for services/support showing what is available and how to access it
2. Social marketing – focus groups, intelligence, community knowledge
3. Supermarkets – target hard to reach and incentivise
4. Provide relevant and accessible information through media, communication, health trainers and schools



Priority	Percentage
Develop a local directory for services/support showing what is available and how to access it	19%
Social marketing – focus groups, intelligence, community knowledge	36%
Supermarkets – target hard to reach and incentivise	8%
Provide relevant and accessible information through media, communication, health trainers and schools	36%

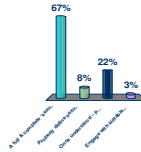
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### Sexual Health


1. A full & complete 'sexual health needs assessment' to understand the current provision and work towards prevention
2. Properly define sexual health
3. Once understood – properly market and publicise the services to all
4. Engage with suitable experts to fully understand the 'patient experience'



Priority	Percentage
A full & complete 'sexual health needs assessment' to understand the current provision and work towards prevention	67%
Properly define sexual health	8%
Once understood – properly market and publicise the services to all	22%
Engage with suitable experts to fully understand the 'patient experience'	3%

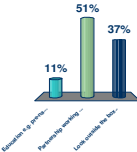
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### Children's and Families


1. Education e.g. pre-natal care, diet/exercise etc
2. Partnership working – larger organisations working with community groups to get real local knowledge
3. Look outside the box – work more creatively with communities



Priority	Percentage
Education e.g. pre-natal care, diet/exercise etc	11%
Partnership working – larger organisations working with community groups to get real local knowledge	51%
Look outside the box – work more creatively with communities	37%

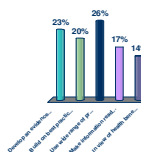
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### Mental Health

1. Develop an evidence based programme for Mental Health promotion in a variety of formats and aimed at all parts of the community after consultation and engagement
2. Build on best practice and engagement with patients and carers to build service deliver that works for all
3. Use wide range of providers to meet the needs of all (non-medical model)
4. Make information readily available and up to date to help people and professionals access the service
5. In view of health benefits should be available on prescription or from your pharmacy



Priority	Percentage
Develop an evidence based programme for Mental Health promotion in a variety of formats and aimed at all parts of the community after consultation and engagement	23%
Build on best practice and engagement with patients and carers to build service deliver that works for all	20%
Use wide range of providers to meet the needs of all (non-medical model)	26%
Make information readily available and up to date to help people and professionals access the service	17%
In view of health benefits should be available on prescription or from your pharmacy	14%

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## Family Fun Day

The Family Fun Day was organised to engage our communities as part of the Locality Stakeholder Events for Washwood Heath and BSA Locality. Both localities agreed to combine their events with one event for stakeholders which took place at Bordesley Green Allotments on the 23<sup>rd</sup> July and the community fun day in Adderely Park, Saltley on the 26<sup>th</sup> July.

At the Stakeholder Day we had 95 people attending from a range of backgrounds, including GP's, Councillors (including Cllr Anderson), community and voluntary organisations and statutory partners.

The community fun day attracted approximately 3000 people. The event was opened by the Lord Mayor of Birmingham.



The event was organised with local partners, including Washwood Heath Neighbourhood Management Board, COMM:PACT (a local social enterprise) and Washwood Heath Technology College. There were a number of stalls from different partners including the police. The health bus was extremely successful with hundreds of people, who were able to have their blood pressure checked by ACM who were manning the bus. We also had the following PCT stalls (smoking cessation, medicine management, careers) and a locality marquee, where we undertook consultation on the Locality Commissioning Development Plan, which consisted of a display with our priorities and obtaining the views of the local people through group activity and post cards for people to provide their views. We also had a display with an interactive CD of the plans for the Saltley Health and Well Being Centre and people were encouraged to vote on the design and layout of the new build by putting balls in a 'yes' and 'no' box. 56 people voted yes and 11 voted no. The Community Development Workers for Mental Health also had a display on their workstreams to raise awareness of their work to the local community.



We also used this opportunity to gain a better understanding of the needs of the population, through a questionnaire. Over 150 questionnaires were completed, providing us with a rich data on understanding the health needs, barriers and solutions to resolving the issues they highlighted. We are currently analysing the results and will feed this into the PRIME work and the action plan for the LCDP.

We had a number of entertainment during the day, including performances by Sheiki and Sham, Xtreme Fusion, Bollywood singers, steel bands, soul music and pop songs. We also had 'It's a Knockout' competition, (an obstacle course with inflatable's and water) with a PCT team (I was part of this), teachers from Washwood Heath Technology College and local young people. Unfortunately the PCT had to pull out due to an injury but a local young people won the trophy.



Some of the quotes we got from the day:

"BEN PCT should be extremely proud with the overwhelming success and applauded for working in partnership with grass roots community group Comm:pact, working together with a creative approach and a common goal, bringing communities together!"

"To sum up I would say our community needs more events like these, it was a real eye opener and if it's possible can we have one next year same place same time as everyone I know wants another one." *Imran Khan (Saltley)*

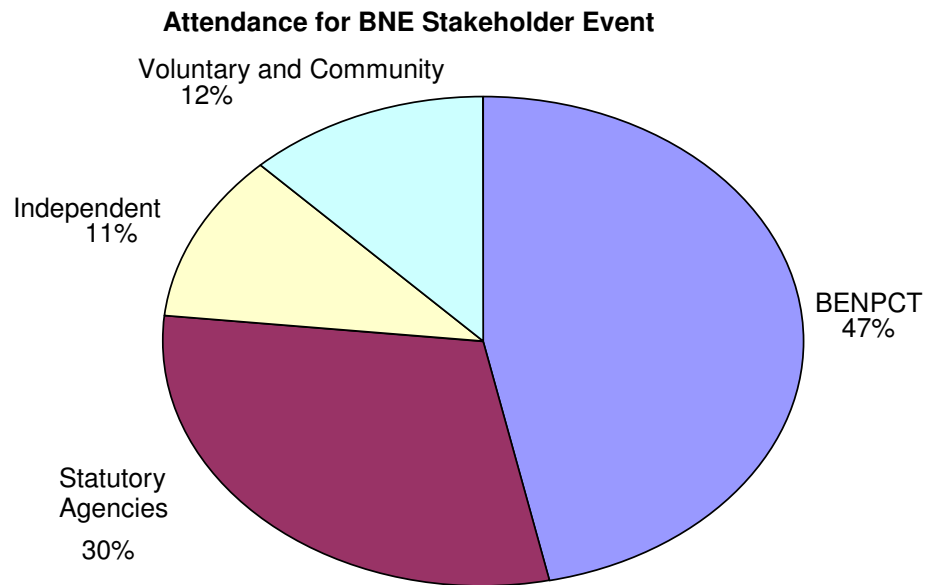
" It was really good to be part of a community event in Adderley Park, the PCT should do more events like these to engage with the public" *Aliyah (Alum Rock)*

"It was a great atmosphere to see people from different ethnic groups coming together and enjoying a family fun day, well done PCT" *Tom Johnson (Saltley)*

**BNE Locality**

**Attendance**

73 people attended the event, the breakdown was as follows:



**Workshops**

**Obesity**

<b><i>Local Issues</i></b>	<b><i>Local Services</i></b>	<b><i>Who should we be working with?</i></b>
Engaging the youngsters	City council	Size down
Leisure Centres based on schools- not welcoming	Government	Cook and Taste
Lack of funding into leisure services	Farmers market on Castle Vale Monthly	Exercise on Prescription- 15 upwards only
Watch it! Programme not in centre of community	<b><i>What should we be doing?</i></b>	Watch it!
Limited cooking education in schools	Extend ICE gym to Stockland Green and Castle Vale	ICE Gym
People don't know where to access services	Working with schools to improve	Individual Responsibility
Kitchen facilities in schools	Knowledge and skills around Health education among children and parents	
Kids "ruling the roost"	More cook and taste sessions.	
Lack of kitchen Facilities	Use of Allotments- (More Promotion?)	
Demand on GP Services	Teaching portion control.	
Need more facilities for activity	Practical health techniques	
Education- more aware of Healthy lifestyles	Access to exercise groups, walk 2000	
Stressful Lifestyles- Nobody cooks!	Supermarket vouchers	
Responsibility of supermarkets to sell value healthy food	Food labelling should be made simpler	
Cooking for one – an issue	Educate people about benefits of physical activity	
"Good availability" of fresh fruits, price high	Local walks- a plenty! Structured walks would be an advantage	
Too many take aways	Drug- to long term condition	
Physical activity at low level now		

**Teenage Pregnancy**

<b><i>Local issues</i></b>	<b>Local services</b>	<b><i>Who should we be working with?</i></b>
Many parents support under age girls who get pregnant	Pharmacists- contraception and chlamydia testing	Improve standard sex education in schools
High roman catholic area	Selected Pharmacies- free CHC for under 21s and over 13s.	Backed up by GPs
Alcohol can be a factor- more with older teenagers	Sexual health education- Sanctuary	More on CSP programmes
Generations may be too accepting with teenage pregnancy	High school( castle Vale comp) health 4u clinic	Strengthen links via GP surgeries
Wider access to information on services, sexual health education- expert sexual education team	<b><i>What should we be doing?</i></b>	GP Staff (mixed gender) to attend youth level programmes
Girls are aware that they cannot afford a baby but may still get pregnant again	Target their parents	Put up posters, stickers to show it's ok to ask about sexual health here.
Lack awareness of consequences of their actions	Openness about sex education	Working with school nurses and youth centres
Grow up in a community that accepts worklessness	Make help with parenting more easily accessible without having to be referred - At all stages of a child's life	Outreach across the Estates
Young people may have poor work oriented routines- low self-esteem.	Extended family is missing. May need to put in place substitutes	Advertise in Vale mail
Poor negotiation skills in relationships.	Teach abstinence and respect	
Much worklessness	Make condoms and contraception more street credible and fashionable	
People don't want to travel outside Castle Vale	Target boys and girls	
Young People not responding to CSP packs at GP surgery	Teachers need to raise their expectation of the children- positive aspects of achieving more	
Many young people excluded from school	What is different for those who are having sex without getting pregnant	
Limited family support	More services across BENPCT- Castle Vale Region	
Generation of young parents	CSP works if don there and then	

Pregnancies in people with Learning Disabilities	Access to lady Doctors	
Young people have seen the youth team out and about- not seen as authority figures	Engage whole family in learning	
	Separate over 21 and under 21 services	
	Spread out to all	
	Add other services e.g. condoms, sexual health advice	
	Organise fun sessions and welcome the opportunity to discuss sex	
	Sexual Health programmes x 12 weeks each- ASDAN accredited, computer babies	

**Drugs and Alcohol**

<b><i>Local Issues</i></b>	<b><i>Local Services</i></b>	<b><i>Who should we be working with?</i></b>
Unemployment	Stop Smoking	Is there strategic work-working in partnership with local authority i.e. housing, benefits, education, supporting organisation
Manual workers	Youth Services (Castle Vale)	
Drugs and pubs	Aquarius	
Measures increasing in volume	The Astral Centre- Youth and Community	
Increase in costs- irrelevant	CVCHA/ CVCRS (Sanctuary)	
Social Deprivation	Local authority services	
Drug Cultures	Sure start	
Easy access to buying drugs and alcohol leads to : unprotected sex- pregnancies, STDs, Sexual Abuse Lose perception of wrong or right Associated to crime: Setting fire to other people's property Causing fights Violence in streets Anti social behaviour	Youth Services	
High price doesn't mean low in purchase- still choose to buy their product of choice in place of food, rent, utilities.	PCT	
Effect on family/ work and relationships		
Addictive personalities		
Advertising is often targeted at young people.		

**Mental Health**

<b><i>Local Issues</i></b>	<b><i>Local Services-</i></b>	<b><i>Who should we be working with?</i></b>
<i>Older people- depression, isolation, loss of independence, family, etc.</i>	<i>NHS Gateway workers</i>	Need more consultancy and linking with advocacy support for mental health patients
Lack of reporting by older people – Stigma not a health issue old ideologies	Cruise bereavement consulting	Publicity and social marketing of mental health issues making it more acceptable. Take away the stigma from the community
<i>Age discrimination</i>	Mind	Quicker access to gateway workers
Impact of drugs on older people's social Health	Relate	Different interventions
Are serious still in 2 age gaps <65 and >65	Mental Health units	More prevention work
Young people – social and academic pressures; coping with drugs and alcohol; low self esteem	High Craft	Mental health patients are separated- to look into more information by choice
<i>People don't identify</i>	GP	More support in communities by funding community projects
<i>Prescribing of high anti depressants for youngsters</i>	Cruise	Mentoring
Work related stress- more and more work	Relate	Parenting skills
Service users have to come to the service providers	Home treatment crisis intervention- under resourced	Educate at home/school
Stigma	Gateway workers- sometimes don't follow it through with clients	Peer group
Isolation	Help the aged- regular control	Respect of self and others
Anxiety	Perry Tree- link worker	Set boundaries
Stress	<b><i>What should we be doing?</i></b>	Link in to organisations
Bullying at work	QOF data- not enough, need a breakdown who does it include? How health is being calculated	Offer more Activities Groups Youth clubs To young people.
Depression- mild and moderate	Mentoring support service needs to be implemented	
Care's under pressure- no help from NHS, utilities	Treating the symptoms is not good health. Need to	Adult Groups

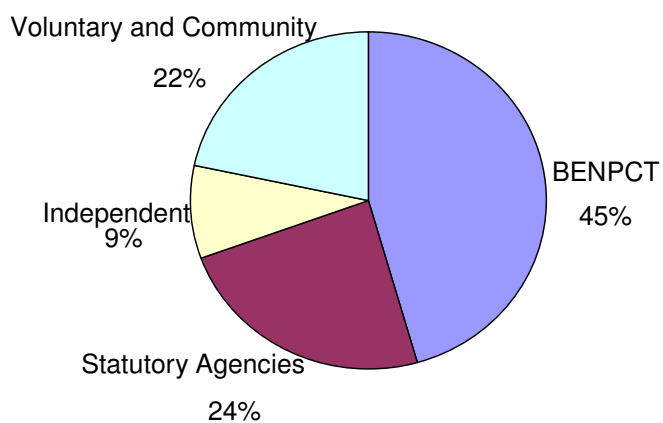
	address the personal circumstances	
Divorce, family issues	Gateway worker-Waiting is too long, 2-3 months away	
Older people- Dementia	GPs are under pressure to prescribe medication	
Alzheimer	Life choices often made at a young age – encourage good choices	
Debt	Increase in crime- money required	
Single parent	Why does the BNE area have higher levels of smoking and drinking than Pan Birmingham	
Teenage pregnancy	Social deprivation	
	Stress Level	
	Depression	
	Money made from taxes on cigarettes and alcohol- higher taxes does not work	
	Why high abuse of drug and alcohol among female	

**Kingstanding**

**Attendance**

46 people attended the event, the breakdown is as follows:

**Attendance for Kingstanding Stakeholder Event**



**Workshops**

**Obesity**

<b><i>Local Issues</i></b>	<b><i>Local Services</i></b>	<b><i>Who should we be working with?</i></b>
	School/Education- cooking in schools, how to prepare fresh/healthy meals	EOP (GP referral)
Increased cost of fresh produce and lower cost of frozen processed food	School starting to re educate children how and what to cook	ICE gym at Kingstanding School
Time constraints- ease of fast food	School/Education.	Free swimming for school age children
Losing skills through generations	Healthy start locally.	Cook and taste
Fast food- lots of takeaways	Walk 2000.	Food net
New initiatives will take time to filter through	<b><i>What should we be doing?</i></b>	Reduced feed for people receiving benefits
Insufficient opportunity to exercise- organised events	More exercise possibilities	Walk 2000
Places to exercise? e.g parks/ cycle routes?	Free activities- "free styles and organised	Health Trainers
Security and personal safety	Child safety issues	Slimming world / weight watchers
People less tolerant of children playing outdoors	Play areas are needed at close proximity that are also safe	Exercise on prescription.
How far would you have to walk to buy fresh fruits/vegetables	How do people find out about local activities	Healthy eating programme
Low income.	Need a link for schools council and voluntary organisations	Smoking Cessation Groups.
High prevalence.	More adverting venues and meetings	Size down
Education/ knowledge.	What links do we have with schools	Promote existing services
Cooking skills/takeaways.	Put stuffs on school website	Birmingham city council
Lack of cooking facilities.	GPs walks to start at practices	Voluntary sector
Exercise.	Educate/ increase skills of parents.	
No facilities in parks.	Ensure income is maximised.	
	Uptake of healthy start.	
	Incentivised weight loss.	
	Psychological support.	
	Incentivise GPs to do more.	

	More funding.	
	Raising awareness	
	Health events.	
	Discount books.	
	Starting young.	
	Prevention.	
	Rehabilitation needs.	
	Local support to family in home	
	Uptake of healthy start.	

**Teenage Pregnancy**

<b><i>Local issues</i></b>	<b><i>Local services</i></b>	<b><i>Who should we be working with?</i></b>
Many parents support under age girls who get pregnant	Pharmacists- contraception and chlamydia testing	
High roman catholic area	GP has made up 'goody' bags for sexual health and contraception	Improve standard sex education in schools
Alcohol can be a factor- more with older teenagers	<b><i>What should we be doing?</i></b>	Backed up by GPs
Generations may be too accepting with teenage pregnancy	Target their parents	Education for young people
Wider access to information on services, sexual health education- expert sexual education team	Openness about sex education	One stop health Centres
Girls are aware that they cannot afford a baby but may still get pregnant again	Make help with parenting more easily accessible without having to be referred - At all stages of a child's life	Multiple health advice
Lack awareness of consequences of their actions	Extended family is missing. May need to put in place substitutes	
Grow up in a community that accepts worklessness	Teach abstinence and respect	
Young people may have poor work oriented routines- low self-esteem.	Make condoms and contraception more street credible and fashionable	
Poor negotiation skills in relationships.	Target boys and girls	
Spur of the moment.	Teachers need to raise their expectation of the children- positive aspects of achieving more	
Many want an abortion especially if they are going to be a single parent.	What is different for those who are having sex without getting pregnant	
Multiple partners	Marketing is key	
Alcohol Issues	Make it better known/can get free supplies without any fear- would not upset local Kingstanding people.	
Workload deters GPs from doing LARC contraception	Should make EHC and condoms free for under 25's	
Teenagers coming in for other reasons and asking for condoms	Many young mums are excellent mums locally	

Mums come with children for their appointment and ask for condoms for themselves	GPs proactively offers condoms with pills etc free	
	Provide alternative activities for young people	
	Advertise contraception in schools	
	HPV through GPs	

**End Of Life Strategy**

<b><i>Local Issues</i></b>	<b><i>Local Services</i></b>	<b><i>Who should we be working with?</i></b>
John Taylor is the only hospice and it's not in the locality.	Age concern- Kingstanding, Perry Barr, Midland Council Centre- all stretched with resources	Need to work with local voluntary sector
Very small hospice at home service at the moment – need to be tripled	Churches, faith groups	Acute services need to be aware of who is in the community i.e CVO and charities (Discharge)
Access to the above is via the hospice	Families	Engaging the community in addressing this topic.
Has BEN PCT got the resources to support hospice at home?	Carers support	Multidisciplinary Team to ensure choice for patient
Hospice settings/unfamiliar environment	<b><i>What should we be doing?</i></b>	Other particular charities
Will the staff be aware of cultural needs, e.g. watching the appropriate TV channel	Homes need to be well insulated and financially be able to pay for utilities costs	
Praying facilities	Quality of acute care- patients get abused on the wards	
Out of hours service will feed patients diets to the hospital because they are not aware of the long-term condition of that patient.	Joined up work	
No access to medical records	More respect and dignity- Know the names- don't call them 'ducks', 'darling', etc. call them by Mr, Mrs, etc.	
Needs to be very flexible service- able to cater around the patient	People don't want to talk about death but they are willing to make funeral plans	
Detailed care package with an emergency number-24 hrs	People don't want to go home to die because not enough facilities and capacity- family members at work	
Key worker system	Benefits and welfare take a very long time- need a quick response	

<i>Who should we be working with?</i>	Own rooms	
Need to work with local voluntary sector	Look at what moral support is available	
Acute services need to be aware of who is in the community i.e CVO and charities (Discharge)	Specialist service	
Engaging the community in addressing this topic.	Counselling Service- Pre bereavement- Is it funded by PCT	
Multidisciplinary Team to ensure choice for patient	PCT to commit to funding and projects	
Other particular charities	Support for the family if parents lose their children	
	At the moment fragmented/ opportunistic hospice at home	
	A holistic common sense approach	

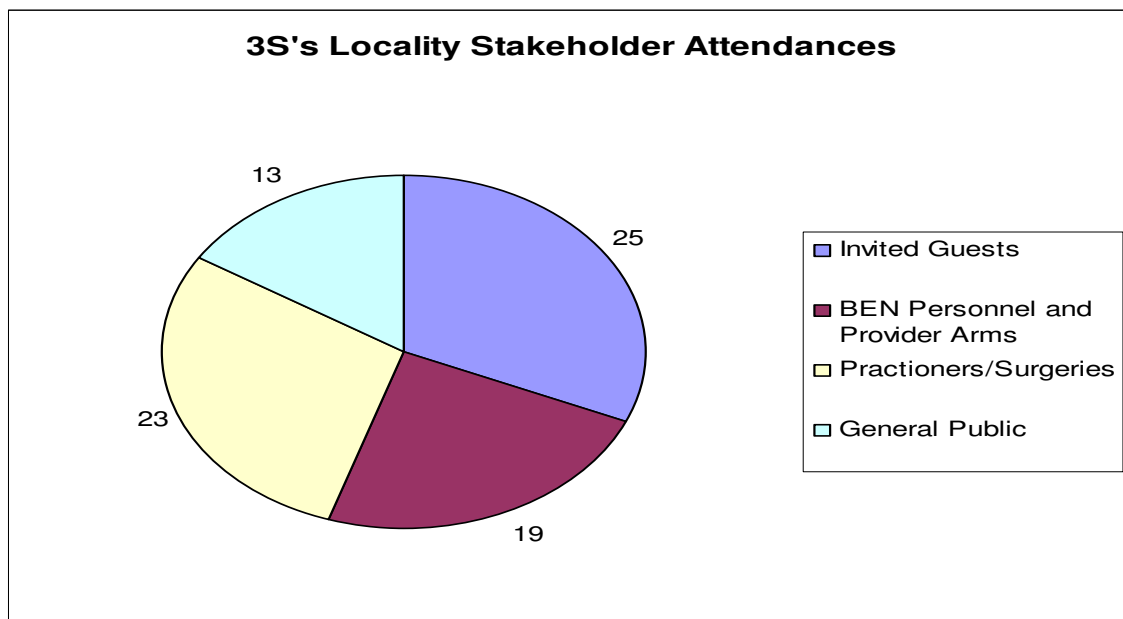
**Stroke**

<b><i>Local Issues</i></b>	<b><i>Local Services</i></b>	<b><i>Who should we be working with?</i></b>
Smoking		Schools
Alcohol	Smoking cessation	Parents
Obesity/ diet(salt)	Male screening programme	Supermarkets/take-aways
Cholesterol	Exercise on prescription	Health shops
Exercise	Health through warmth	Kingsatnding leisure centre
Diabetes- poor control	Community stroke team	Youth Centre
Hypertension	TIA services	
	QOF	
	Diabetes specialists	
	Family support	
	<b>What should we be doing?</b>	
	Thrombolysis within 3 hours of stroke in hospital	
	TIA clinics	
	CVD Screening	
	24 hrs BP machines	

**3 S's Locality**

**Attendance**

80 people attende the event, the breakdown is as follows:



**WORKSHOPS**

**Obesity**

<b><i>Local Issues</i></b>	<b>Local services</b>	<b><i>What should we be doing?</i></b>
	Leisure Centres offer free or subsidised sessions to encourage healthy lifestyle.	
Labelling on food easier to understand.	Restaurants and Takeaways to exhibit more prominent food content by way of saturated fats, calories etc.	Taking responsibility for our own lifestyle choices.
Childcare provision whilst exercising.	Schools to participate and encourage activity, exercise, healthy eating and cookery lessons for parents and children.	Getting more active and motivated
Suitable places to exercise	Healthy food promoted with Supermarkets offering vouchers/rewards via Schools for produce such as fruit and vegetables.	Planning ahead, activities, meals.
Poor/limited cooking skills	Local Council looking at current venues and ways they could encourage low waged and single parents to access amenities, by way of concession opening hours, crèche facilities etc.	Find out about current facilities available.
Increased food costs	<b><i>Who should we be working with?</i></b>	Make healthy choices, swapping desserts for fruit, walking instead of driving, cooking from scratch.
Financial cost of fresh produce in comparison with convenience foods	Schools	
Convenience foods	GP Practices	
	Weight Loss Groups	
	Leisure and Community Centres	
	Supermarkets	
	Other family members and positive role models	
	Foodnet	
	Birmingham City Council	

### Supporting The Elderly

<i>Local Issues,</i>	<i>Local Services</i>	<i>What should we be doing?</i>
Personal safety	Police	Appropriate Housing assessment including other agencies, to ensure advice and assistance with heating, home security, benefits etc.
Home security	Housing	Resource and information to families and carers
Involvement by local agencies i.e. social services, GP Practices etc	Social Services	Respite care.
Housing	Careline	Promoting sheltered lifestyle.
Police	Fire Brigade	Life-line buttons
Cohesive working across all agencies.	GP Practices	Community Liaison Meetings
Transport	NHS Direct	Vulnerable Police Officers
Adequate clothing	Family Members, friends and volunteers.	
Heating	<b><i>Who should be working with?</i></b>	
Resource and information		
Awareness and media	Police	
Assistance/provision for family helpers and/or carers	Housing	
	Social Services	
	Schools	
	Places of Worship	
	Fire Service	
	Community Forums	
	Networking other family, friends and volunteers – newsletters.	

### Managing Medicines

<b>Local Issues</b>	<b>Local Services</b>	<b>What should we be doing?</b>
Repeat prescriptions	GP Practices	Mini medication reviews "do you take this medication?" etc.,
Medicines stored incorrectly	Computer systems at Practices	Look at systems for returning unused medication
Medicine kept long after expiry	Community Pharmacists	Make campaigns more patient specific
Medicine branding confusing	NHS Direct	Make patients aware of the costs of drugs on prescription.
Elderly can be confused with medicines	<b>Who should we be working with?</b>	Looking at making a small charge to patients
Swapping medications		
Awareness of local Services	Working with Places of Worship.	
Awareness of local services	Local Radio Stations, Newspapers and TV networks	
	GP Practices	
	Schools	
	Family and Friends	

### Healthy Heart

<b>Local Issues</b>	<b>Who should we be working with?</b>
Difficult to access services outside of office hours	GP Practices – they could refer patients onto known community groups and/or agencies.
Universal screening for ALL	Schools and Colleges
Consistency	Parents and extended families
	Places of worship, Community Groups etc.
<b>What should we be doing?</b>	Food Net
Weight loss camps.	Sutton Park Walking Group
More exercise facilities – accessible to all	Stop Smoking Service
Exercise incentives	
Rolling programme of Education re health matters	<b>Local Services</b>
Involve Places of Worship, Luncheon Clubs, Youth Forums.etc,	Stop Smoking Services
More Walking Groups	Well Person Checks
Advertisements	Community Pharmacists
	Dietetic Advice
	EOP – Shard End Leisure Stechford

# 3S Locality Stakeholder Priorities

Birmingham East and North **NHS**  
Primary Care Trust

Birmingham East and North **NHS**  
Primary Care Trust

## Healthy Heart

1. Adult and Youth Forum
2. Incentive scheme for healthy lifestyle, including hard to reach
3. Directory of Services
4. Education via churches, schools, role models
5. Consistent health messages for all
6. Take services out to community

Priority	Percentage
Adult and Youth Forum	5%
Incentive scheme for healthy lifestyle, including hard to reach	35%
Directory of Services	15%
Education via churches, schools, role models	10%
Consistent health messages for all	15%
Take services out to community	20%

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Birmingham East and North **NHS**  
Primary Care Trust

## Medicines Management

1. Check patients need the medication and are taking it
2. Hospital discharge and patient movement
3. ££ on the box – true cost awareness
4. Synchronise medication – 28 day prescribing
5. Campaigns more patient specific

Priority	Percentage
Check patients need the medication and are taking it	45%
Hospital discharge and patient movement	5%
££ on the box – true cost awareness	45%
Synchronise medication – 28 day prescribing	0%
Campaigns more patient specific	5%

3

Birmingham East and North **NHS**  
Primary Care Trust

## Support to Vulnerable Elderly

1. Coordination and Communication pathway between services, in/out of hospital
2. Resource 4 services to identify people at risk
3. Police call service - advice those already identified as vulnerable
4. Cross agency standard checks and general small scale support
5. Support to take them out once frail and nervous

Priority	Percentage
Coordination and Communication pathway between services, in/out of hospital	60%
Resource 4 services to identify people at risk	10%
Police call service - advice those already identified as vulnerable	0%
Cross agency standard checks and general small scale support	20%
Support to take them out once frail and nervous	10%

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Birmingham East and North **NHS**  
Primary Care Trust

## Obesity

1. Education – target children to reach parents, family centres
2. Supermarkets, leisure centres, business – sponsorship and support
3. Exercise – raising awareness, prescription
4. Directory for health professionals to refer people for advice, skills etc
5. Signposting of all local services
6. Long term joined up working between PCT and Council

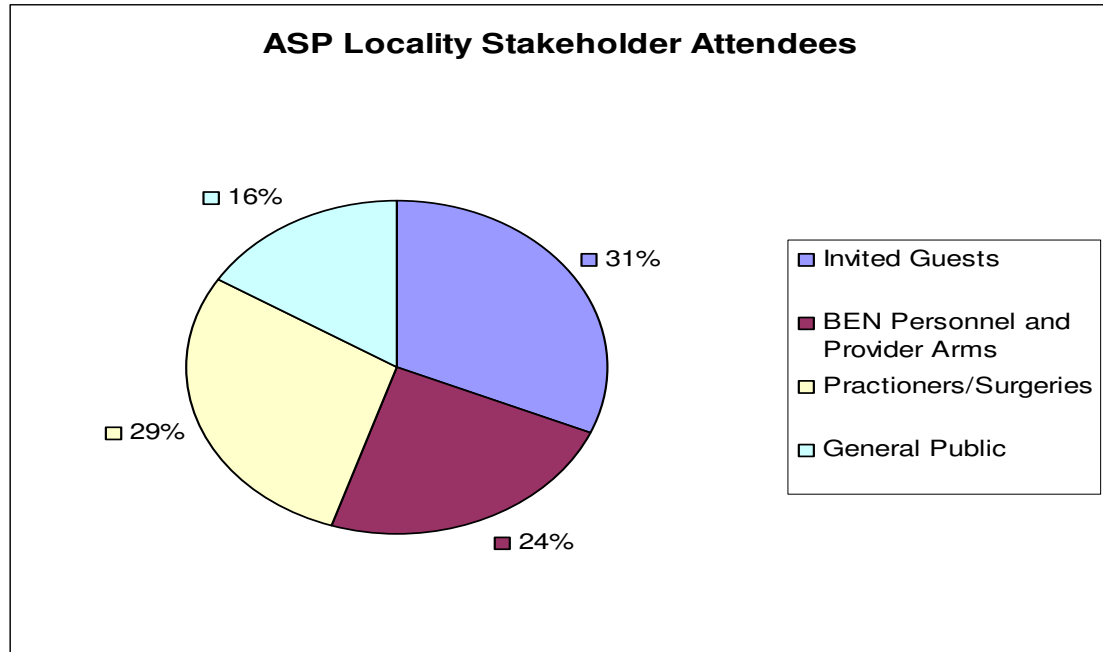
Priority	Percentage
Education – target children to reach parents, family centres	35%
Supermarkets, leisure centres, business – sponsorship and support	20%
Exercise – raising awareness, prescription	5%
Directory for health professionals to refer people for advice, skills etc	5%
Signposting of all local services	5%
Long term joined up working between PCT and Council	30%

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## **Sutton Locality**

### **Attendance**

102 people attended the event, the breakdown is as follows:



## WORKSHOP

### Obesity

<b><i>Local Issues</i></b>	<b><i>What should we be doing?</i></b>
Offer more healthy options	Requesting support of family, partner(s) and friends.
Tips on how to prepare healthier meals.	Wyndley Pool used more effectively
Exercise provision unutilised effectively by Schools and parents	Well Man clinics
Poor/limited cooking skills	More activities and for our children
Childcare issues	Walk 2000.
Financial cost of fresh produce in comparison with convenience foods	Removing sweets and snacks from checkouts.
Convenience foods	Working on family leisure time
	Highlighting the importance of healthy meals with our children, encouraging them to assist in meal preparation.
<b><i>Local Services</i></b>	<b><i>Who should we be working with?</i></b>
Cardiac Unit at Wyndley Centre	Schools
Stop Smoking Service in house at GP Practices.	GP Practices
Friends of Sutton Park – Group Work, providing support.	Exercise on Prescription
Healthy food promoted with Supermarkets offering vouchers/rewards via Schools for produce such as fruit and vegetables.	"Buggie Walks" from Wyndley
Special offers o exercise classes.	Footprint walk
Creche facilities and/or activities for children whilst parents are exercising.	Leisure and Community Centres
Walking Programmes	Supermarkets
Large organisations to encourage staff to exercise during their normal working day – stairs instead of lifts, "walking and talking" instead of emails.	Local Farms
	Chefs
	Foodnet
	Birmingham City Council

## SUPPORTING THE ELDERLY

<b><i>Local Issues,</i></b>	<b><i>What should we be doing?</i></b>
Transport, excursions and shopping	Local campaign of services currently available
Fuel and other utility bills	Police to develop links with Local Authority via district offices
Security	GP Practices hold data of elderly patients which could be used by Police and other agencies
Family and friends	Resource and information
Raising awareness of living alone in senior years.	Awareness.
Housing	
Health	<b><i>Who should be working with?</i></b>
Assessment for hearing and walking aids.	Neighbourhood Watch
Home assessments re falls	Community Police Officer
	Victim Support
<b><i>Local Services</i></b>	Birmingham Own Health
GP Practices	Housing
Family and Friends	Good Neighbour Scheme
Police	
Fire Brigade	
Wiltshire Foods Agency	
NHS Direct	
Awareness.	

## Managing Medicines

<b>Local Issues</b>	<b>What should we be doing?</b>
Repeat prescriptions	Educating patients on costs of medication.
Medicines stored incorrectly	Educating patients on waste medication
Medicine kept long after expiry	Asking patients to return all unwanted/unused medication
Medicine branding confusing	Use media i.e. radio, newspaper and TV to highlight waste medication and cost implications
Elderly can be confused with medicines	Standardize drug packaging
Swapping medications	Look at reusing untouched unused medication
Awareness of local services poor	Inform patients of the cost of the medication
<b><i>Local Services</i></b>	<b><i>Who should we be working with?</i></b>
GP Practices	Working with Places of Worship.
Pharmacists	Youth Clubs, Schools and Colleges
Friends and Family	Local Radio Stations, Newspapers and TV networks
Walk-in facility in Boots Chemist	GP Practices

### Healthy Heart

<b>Local Issues</b>	<b>Who should we be working with?</b>
Difficult with out of hours access	Schools and Colleges
Male Screen and Female Screening needed	Parents and extended families
Screening needs to come out to public places i.e. places of worship, community centres, shopping malls etc.,	Places of worship, Community Groups etc.
Local Services	Food Net
Heart Care	Sutton Park Walking Group
GP Practices	Stop Smoking Service
Smoking Cessation	
Community Pharmacists	
Community Dietician	
<b><i>What should we be doing?</i></b>	
Taking the initiative on our own health.	
Screening needs to come out to public places i.e. places of worship, community centres, shopping malls etc.,	
More advertisement to engage the community on these initiatives.	
Road shows	
Health Bus on tour!	
Producing a directory of services for the general public	

# Sutton Locality Stakeholder Priorities

Birmingham East and North **NHS**  
Primary Care Trust

Birmingham East and North **NHS**  
Primary Care Trust

## Medicines Management

1. Drug packaging
2. Discharge letter (from hospital)
3. Education – patients, prescribers and GPs
4. ££ on the packet
5. Reuse unused drugs?

Priority	Percentage
Drug packaging	5%
Discharge letter (from hospital)	10%
Education – patients, prescribers and GPs	30%
££ on the packet	20%
Reuse unused drugs?	35%

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Birmingham East and North **NHS**  
Primary Care Trust

## Support to Vulnerable Elderly

1. External support – police, fire, care line
2. Single point of contact
3. Be-friending, emotional support
4. Partnership, dissemination of information

Priority	Percentage
External support – police, fire, care line	10%
Single point of contact	65%
Be-friending, emotional support	20%
Partnership, dissemination of information	5%

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Birmingham East and North **NHS**  
Primary Care Trust

## Healthy Heart

1. Education and Networking groups and Schools
2. Accessibility – outreach, hard to reach groups, flexible hours and venues
3. Directory of Services
4. GP Practices patient screening

Priority	Percentage
Education and Networking groups and Schools	35%
Accessibility – outreach, hard to reach groups, flexible hours and venues	35%
Directory of Services	0%
GP Practices patient screening	30%

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Birmingham East and North **NHS**  
Primary Care Trust

## Obesity

1. Education – meals, recipes, training, healthy body size, portion size
2. Supermarkets – education, sponsorship, 'loyalty' points, family offers
3. Exercise – incentives, family, prescription
4. Mobile screening
5. Lifestyle coaching

Priority	Percentage
Education – meals, recipes, training, healthy body size, portion size	40%
Supermarkets – education, sponsorship, 'loyalty' points, family offers	35%
Exercise – incentives, family, prescription	20%
Mobile screening	0%
Lifestyle coaching	0%

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