Mid Essex NHS
Primary Care Trust

REPORT ON STAKEHOLDER ENGAGEMENT EVENTS

YOUR HEALTH, YOUR CARE, YOUR SAY

August 2007

Introduction

Mid Essex Primary Care Trust (PCT) produced their first Public Health Report - Population Profile in April 2007. This was an independent report providing an overview of the health status and factors affecting the health and wellbeing of people in the Mid Essex locality. A summary of the Population Profile is contained at Appendix A. A full copy of the report can be obtained from the Mid Essex PCT website on www.midessexpct.nhs.uk.

On the whole the profile shows that Mid Essex is affluent and healthy. However it shows that people living in Mid Essex have different lifestyles, different living, social, educational and work environments and all of these lead to different health outcomes.

As part of a wider strategy for engagement with patients, public and wider stakeholders the PCT held a number of workshops during May/June 2007. The purpose of these events was to involve the local population and stakeholders in producing a Health Needs Assessment, based on the statistical information in the Population Profile.

92 people in total attended the events as follows:

Venue	**Date**	**No of attendee's**
Braintree Town Hall	31 May 07	31
Minerva Centre, Maldon	06 June 07	23
County Hotel, Chelmsford	14 June 07	24

A profile of participants is included at Appendix B.

One further workshop was also held for PCT staff.

The aims of the events were:

- To enable stakeholders to contribute to the Health Needs Assessment
- To improve stakeholders understanding of the "health" of Mid Essex
- To instil a sense of excitement about the future and what's already happening
- To involve stakeholders in defining stakeholder engagement processes for the future
- To involve stakeholders in shaping the ultimate "offer" for health in Mid Essex.

The events included a mixture of presentations, display stands and interactive group work. The events were facilitated by the Rural Community Council of Essex.

In addition, the PCT received two emails and nine completed questionnaires during this phase of engagement.

Executive Summary

There have been significant changes in the way services are delivered in recent years. The increase in partnership and multi-agency working, with moves to make many of the services more local, was felt to be a positive step. GP surgeries are providing a wider variety of services and it was agreed that this holistic approach to healthcare, expanding their role to cover primary and secondary services is needed. There are still thought to be some challenges in moving away from a 'silo mentality' towards a move flexible approach to the delivery of health services throughout Mid Essex.

Issues with continuity of care and disjointed services were highlighted. There is a need to improve communication between healthcare teams and across different disciplines and areas of expertise.

It was felt by some delegates that the PCT should provide greater focus on prevention with a highlight on the good existing work of the current "Healthy Lifestyle" teams. Other key areas highlighted for specific focus included specialist services, voluntary sector services and mental health services.

It was felt that communications with patients could be improved with patients and carers involved in key decisions around an individuals care and in determining their overall care plan.

There was an overall theme around the condition of buildings with a clear need identified for investment in the buildings and for infrastructure improvements in general. Access to services which are centralised in urban areas has obvious transport implications and the need to rely on cars in several areas is an issue.

The remoteness of the Dengie presents particular challenges. It was felt that problems with access, coupled with poor health indicators in the population profile, may provide a case for different types of services and methods of delivery – however there were concerns that this conflicts with the idea of 'equity' of service across the mid Essex area.

The health needs of migrant workers, parents, older people and carers were assessed at the three events. The impact of living in a deprived area, poor educational attainment, different work patterns, lifestyle choices and terminal illness were discussed.

It was acknowledged that the PCT had continued to provide high quality services during the period of financial turnaround and that this was due to the skills, commitment and dedication of individuals working within the PCT.

Key themes from other respondents were issues around the need for local access to services, some concerns around personal safety (especially in the evenings) and improved access to low cost preventative services. More details on the comments received are provided in Appendix C.

The following pages provide greater detail around the outcomes of the interactive group work which focussed on factors which affect health and wellbeing and how these can be improved plus a focus on perceptions of current services. Attendee's also discussed ways that the PCT could communicate with stakeholders in the future.

FACTORS AFFECTING HEALTH AND WELLBEING AND SUGGESTIONS FOR IMPROVEMENTS

Participants in the workshops were asked to consider a variety of scenarios and to consider which elements affected the health and wellbeing of the individuals described in the scenarios and how these could be improved.

Migrant workers

It was felt that language barriers, lack of awareness of rights and benefits, stress, low wages and inferior housing could contribute to poor health. It was felt that more data is needed about immigrant workers.

Suggested interventions to improve health and wellbeing included provision of information and benefits advice in different languages, education of employers about their obligations, and drop-in health care services.

Pregnancy

It was felt that lack of parental supervision, poor educational attainment and low aspirations were factors contributing to teenage pregnancy in the scenario. Also that conflict with parents, stress and uncertainty could contribute to poor health and wellbeing.

Suggested interventions to improve health and wellbeing included support for the family, home learning with support from the school and counselling.
In the scenario of a difficult pregnancy, suggested interventions included locally accessible anti-natal care with adequate scanning equipment, a dedicated women's psychologist, and paediatric care for the needs of the child.

Parenting

The groups considered that the change in lifestyle for new mothers can result in stress, isolation, low self esteem, and possibly limited exercise, having a negative affect on health. Getting involved in community groups, networks with other mothers and working part-time can have a positive effect on health and wellbeing. It was felt that parents not spending enough quality time together could result in relationship problems.

Suggested interventions to improve health and wellbeing included access to health visitors and baby clinics, GP assessment, sports centre concessions, involvement of Home Start, Family Centres, advice on benefits and tax credits, encouragement to join local groups and parenting courses where parents are struggling with the behaviour of toddlers and young children. It was also felt that giving 'treats' to young children to encourage good behaviour could lead to bad eating habits, poor diet and poor dental health.

Deprived areas and crime

It was felt that poor housing, fear of going out, lack of social interaction / loneliness and stress could contribute to poor health.

Suggested interventions to improve health and wellbeing included improvements to the estate in general (repair, renovate and maintenance schemes in partnership with voluntary sector organisations), police action on anti-social behaviour, neighbourhood policing, warden assisted schemes (for the elderly), encourage day centre or local clubs and appropriate transport and befriending schemes.

Older people

The groups felt that poor housing (and fuel poverty), poor diet, lack of mobility, lack of exercise, loneliness and isolation, little social engagement and lack of independence could contribute to poor health and wellbeing. It was noted that many older people are active in their communities which has a positive impact on their health and wellbeing.

Suggested interventions to improve health and wellbeing of older people included specialist adaptations in the home, social services assessment, regular GP assessment and reviews, occupational therapy assessment, falls prevention, care alarm, well men clinics (perhaps in venues other than GP surgery), appropriate care in the home and help with shopping, meals on wheels etc, benefits advice, transport to lunch clubs and other social activities, befriending schemes and involvement of local groups and Age Concern.

Educational Attainment and job prospects

It was felt that dissatisfaction, low self esteem, lack of confidence, poor career opportunities, relationship problems, low wages, financial difficulties and stress could contribute to poor health and wellbeing. It was felt that voluntary work could improve skills and make a positive contribution to a sense of wellbeing.

Suggested interventions to improve health and wellbeing included provision of affordable housing, training courses, New Deal, Citizens Advice Bureau, advice, careers and financial advice, debt counselling, benefits advice and GP support for stress.

Ways of working

The groups considered that long hours and shift work can lead to irregular eating, fast food, poor diet, little time spent with family, fewer social interaction possibilities, lack of exercise, sleep deprivation, tiredness and stress, which in turn contribute to poor health and wellbeing. It was felt that people who choose to work from home risk isolation although there may be other positive impacts on health and wellbeing through that lifestyle choice.

Suggested interventions to improve health and wellbeing included healthy eating advice, planned exercise, health check ups / monitoring, mobile clinics, satellite health care, web link ‘telemedicine’ and access to support when needed (when not at work). It was recognised that there is a health and wellbeing impact on children whose parents work long or irregular hours. Children’s diet and social interaction may suffer as a result of lack of family time. Suggested interventions include flexible working and parental leave,

support network for grandparents looking after grandchildren, good standards in childcare, after school clubs and activities and breakfast clubs in schools.

Carers
It was felt that **s**ocial isolation, inability to fulfil personal needs and aspirations, conflicting demands on family time, emotional and physical pressures contribute to the poor health of carers. It was felt that young carers looking after a parent had the additional stress of schoolwork.

Suggested interventions to improve health and wellbeing included specialist equipment and house adaptation where appropriate, district nurses and Macmillan nurses, respite care, benefits advice, psychological and emotional support for all family members, social link worker, an integrated care plan (partnership of different sectors and professions), occupational therapy, self help network support and school involvement (where appropriate). It was felt that without support, family relationships are under threat.

Lifestyle choices
The groups felt that regular consumption of convenience foods, drug use, binge drinking, sexual activity, lack of exercise and smoking contribute to poor health. Some of these lifestyle choices arise from social/peer pressure and relationship pressures. It was felt that a change in lifestyles is difficult to influence; an improvement relies on the willingness and commitment of the individual.

Suggested interventions to improve health and wellbeing included education and information campaigns, promote positive aspects of healthy lifestyles, health walks, 5 a day, confidential impartial advice, signposting to services, access to clinics, counselling, medication, GP referral, parenting classes and engaging with the local community.

Terminal illness
It was recognised that when a family member is terminally ill, stress levels and mental health issues affect everyone involved.

Suggested interventions to improve wellbeing of the family included information about services, consistent access to services, social services involvement, school support for children, a link worker and bereavement counselling.

PERCEPTIONS OF CURRENT SERVICES

Each group also considered the strengths and weaknesses of Hospital Care, Out of Hospital Care, Promotion of Healthy Lifestyles and Specialist Services.

Hospital Care

There was praise for nursing care, paramedics, emergency services, ambulance services and out patient services (particularly children's services at St. Peters and St. Michaels). Various services were specifically mentioned as strengths: oncology, breast care, palliative care, cardiac and maternity (including handover to health visitors).

It was recognised that targets are being met despite cuts in funding and limited resources at present. This was felt to be due to the commitment and dedication of staff.

Acute services are centralised bringing the latest equipment and a variety of specialists under one roof. This has cost advantages, but also creates access problems for some parts of the mid Essex area, the Dengie in particular. Transport links and parking costs at hospitals were stated as problems by many of the delegates.

The poor condition of buildings was recorded and the need for improved infrastructure. Concerns regarding the risk of infection were common although it was acknowledged that Broomfield has good MRSA record.

Communication with patients was stated as a weakness at all four events, in particular, the lack of patient and family involvement in care decisions.

Also mentioned as problems at all four events were waiting times, lack of continuity of care (especially for the elderly) and lack of or delays in a care package on discharge from hospital.

Out of Hospital Care

The vast array of services provided by GP surgeries is noted as a strength. The range of services is increasing to provide local access to primary care services in GP surgeries. This together with the development of tier 2 services in the community, is reducing the need to travel. The Community Outreach Rapid Response Service is also expanding to improve outreach services across the area. It was recognised that there has been a significant change in the way services are delivered in recent years and an increase in partnership and multi agency working, with moves to make many of the services more local. However it was felt that although the different services (education, social and health) are working collectively, they all work differently and there is no 'branding'.

Health visitors, school nurses, community nursing (adult and children) and district nursing teams were recorded as strengths.

Services particularly mentioned as good were Moulsham Grange (therapy services for children and nursery), Early Support Programme for children, parenting classes, Essex Integrated Palliative Care, community echocardiogram, dermatology clinic, family planning, Body and Sole, Paediatric respite care, podiatry, continence, diabetes services (Expert patient programme), localised dialysis service, therapists, wheelchair service, a new project re early intervention in psychosis, residential nursing homes, Hospices (Macmillan and Marie Curie nurses), RUSTIC volunteers (in Maldon), Rapid Intervention Team (in Braintree) and the Children's Centre (in Braintree).

There were concerns about the administration of GP surgeries and access to GPs; surgery hours could be extended with more cover / shifts so the surgery is open to meet the needs of patients; minor injuries services could be delivered through GP surgeries if cover was available; with improvements in out of hours GP service. Some difficulties and inconsistencies were also recorded regarding NHS Direct services. It was felt that poor access to out of hours treatment could block up A & E with 'minor ailments'

Concern was expressed about access to NHS dental services.

Areas highlighted for potential improvement included speech and language services, therapy and care post discharge, long term conditions and pain management, early dementia services (support is patchy), chiropody, hearing aid clinics, dieticians, intermediate care beds, speed of test results to GPs, prison health services, respite care, lack of referrals to Carecall Alarm Unit, waiting time between GP and consultant.

There was a comment about the importance of adhering to National Best Practice Guidelines (e.g. National Autism Plan) and the need for support from the Strategic Health Authority on procedures and ways of working.

Promotion of Healthy Lifestyles

The Healthy Living Initiative in Maldon was singled out as a good practice model at each of the events. It has good facilities, a range of services to promote healthy lifestyles and it reaches groups otherwise isolated and inaccessible.

A lot of initiatives and services relating to Healthy Lifestyles were mentioned as strengths; Healthy Schools and the work of school nurses (4 – 18 year olds), Tillingham Day hospital well being clinic, district nurse health promotion, health visitor promotions in community and early years settings, Health Promotion Resource Centre in Braintree, Allotments (green gyms),Pharmacy health promotion schemes, Sycamore services, APAUSE – sexual health peer service, 'C' card (free condoms), 'Too smart 4 drugs' roadshow, 'Walk to School', Walks for wellbeing (co-ordinated by local authorities using volunteer leaders), Falls prevention (except in Braintree), Cheering (telephone support line for older people), Heart and Sole, Cardiac and Pulmonary rehab.

It was felt that, although there is funding for various initiatives, there is a need for GPs and others to promote them. However there is a lack of co-ordinated information and marketing about what is available. A lot of organisations and groups are involved in the promotion of healthy lifestyles (including supermarkets who are promoting healthy eating with '5 a day') but there is a lack of 'joined up thinking'. It is difficult to find out about some of the services unless a patient is specifically referred to them.

GP exercise referral schemes through primary care services across mid Essex were felt to be good and made use of the many health and fitness centres available. Bramston water aerobics, Braintree Leisure Centre, Fitsteps and Live life @ Riverside (Chelmsford) were particularly mentioned. However although initially free or with reduced rates, patients have to pay after a time. It was also highlighted that some centres have waiting lists.

Smoking cessation promotions were good and the referrals from Broomfield Hospital to the Stop Smoking teams across the area were mentioned. It was felt that similar strong campaigns are need in respect of binge drinking and solvent abuse.

Much of the professional healthy lifestyle promotion work is focused on children and young people but it was noted that there is a lot of community and voluntary sector support for older people through good neighbour schemes, and social groups.

The importance of open spaces and the enjoyment of outdoor recreation were mentioned at each of the events. There was felt to be a need for more cycleways and the promotion of their use.

Services that were felt to be limited were; sexual health services; family planning and GUM clinics; and well men clinics. Although ante-natal and post natal services were included as good services for the mother, it was felt to be a lost opportunity in relation to child development, behaviour management and health lifestyles for the children.

Specialist Services (learning disability, vulnerable groups etc)
Many specialist services were specifically mentioned as strengths; Hargrave House (respite care), Brickhouse Farm (care centre and day centre), Young carers, Maldon Mind (across mid Essex), Parkinson disease society, Moulsham Grange, Doucecroft FE (over 16) school for autistic children in Kelvedon, Grangewood and Drummonds Scope Centres in Kelvedon and Feering, Home Start in Witham, child protection and child therapy services, Community Outreach Rapid Response Service and Rapid Intervention Team, Expert Patient Programme, Specialist Co-ordinator for learning disabilities and Child and Adolescent Mental Health Service.

It is also recognised that there are many more specialist voluntary sector and self help groups not mentioned here that do excellent work. Services are delivered with a multi agency approach (health, social, education and

voluntary sector) but sometimes there is a lack of communication between services and a lack of effective joint working. A co-ordinated promotion of what is available and how to access it is needed.

Care in the home was mentioned; the district nursing care of the housebound (and evening services) was felt to be good in areas. Admission avoidance for long term conditions was felt to be good although home adaptations are taking far too long.

The greatest weakness was felt to be in primary care mental health services. There is a shortage of children's mental health services and a gap between children and adult services (ages 16 to 18) across the mid Essex area as well as some concerns regarding waiting times. There is a need to support more voluntary sector provision in children's services, mental health, learning disabilities and older people's services. There are not enough places for people with mental health problems causing long stays at Christopher Unit (Broomfield) which is meant for emergency and short term only.

The lack of services for hard to reach groups e.g. travellers and black and minority ethnic groups, alcoholics and homeless were noted.

Other areas for potential improvement were; intermediate care beds across the area, increased rehab, better access to specialist rehab (neurology, cognitive therapy), more respite care, more monitoring of carers, dual diagnosis services, introduction of clinical psychologist services, reintroduction of Sure Start, difficulties in statementing for children with additional needs, better support for parents of children with special needs, better facilities for people with learning difficulties, lack of family based residential placements for parents with learning difficulties, increase number of speech therapists and focus on children's therapies in general.

STAKEHOLDER ENGAGEMENT

General suggestions for improved communications included:

- Plain writing – no jargon. Suggested use of "crystal mark" scheme
- Information to be provided in different languages, sign language and braille.
- Provision of audio tapes.
- Development of listening skills and customer care skills for key staff
- Information to be provided in hard copies – not everyone has access to computers.
- Honesty and transparency – particularly regarding the need to ration healthcare services.
- Make better use of Board Meetings to engage with the public.
- Develop stronger links with partners organisations – consistency in messages.
- Need to promote the new PCT and the different roles of health care professionals.

- Avoid glossy publications – need practical useful guides
- Keep website up to date and easy to navigate – introduce a speaking website.
- Suggestions for information kiosks in town centres and GP practices
- Tidy, clear GP noticeboards (or electronic noticeboards)
- Regular features in local press and parish magazines – possible weekly column in newspapers?
- Leaflets to each household.
- Use of supermarket noticeboards.
- Local radio and regional TV features.
- Use of text messaging
- Introduction of surveys
- Introduction of suggestion boxes and comment boards
- Link with Community Voluntary Service to access community and voluntary sector groups
- Targetted events with specific themes
- Special events for younger people and parents (with crèche facilities)
- Visits to community groups and schools
- Better use of user groups and patient and public involvement forums.
- Increased use of Patient Advice and Liaison Service.
- Information on GP surgeries, clinics, chemists, schools, village halls, churches, libraries, benefits offices, Citizen Advice Bureaus

Next Steps

The profile of attendee's at the events shows there had been no representation from younger people. The PCT recognises this as a key area and will be holding a variety of alternative engagement events and initiatives aimed specifically at younger people.

The outputs from these sessions will feed into the development of the PCT longer term Health and Wellbeing Strategy. The strategy will set a long term and aims for the PCT to improve the health and wellbeing of the people of Mid Essex. As part of the development of the Strategy there will be further period of engagement and consultation between August and December 2007. Further details of these events will be publicised on the PCT website www.midessexpct.nhs.uk.

Details of the key findings from these sessions will also be passed on to partner organisations for use in development of their own strategies.

Further information can be obtained from:

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APPENDIX A

Recommendations

The following is a summary of some of the information from the **Mid Essex 2007/08 Population Profile**.

Those areas shown in GREEN are where we do well and we should look for examples of good practice.

Those areas in RED are where we do less well and should focus our attention when aiming to improve health and wellbeing in **Mid Essex**.

Population

- Mid Essex has a population of **359,663** (**177,341** men, **182,322** women)
  - Braintree: **137,790**
  - Chelmsford: **161,130**
  - Maldon: **60,743**
- Population growth is high, especially in Braintree and Maldon. There will be an extra **59,000** people by 2028, **50,000** of these aged 60 and over
- Less than 3% of our population is ethnically non-white
- We have similar birth rates, infant mortality and rates of teenage conceptions to the national average
- There are low rates of babies born with a low birth weight
- Rates of termination of pregnancy in all women and in teenagers are low

Deprivation

- There are low levels of deprivation overall
- The levels of deprivation vary within Mid Essex with some areas worse off than others
- Some income deprivation occurs in older people in Braintree

This summary is part of the the information within the **Mid-Essex Population Profile** which can be obtained at : **www.midessexpct.nhs.uk/MEPCT/inter/asp/mid_public_health_report.asp**

Housing

- Generally the quality of housing is good
- There is some housing deprivation in Braintree
- Car ownership is high

Education

- Education is good overall and especially good in Chelmsford
- Lower GCSE and A level attainment is found in Maldon
- We have levels of basic skills similar to other places
- Literacy skills are highest in Chelmsford

Occupation

- The largest proportion of the population work in manufacturing and retail
- Mid Essex has 34,000 carers, 5,000 of whom provide over 50 hours care per week

Crime

- Compared to others areas, crime is low in Mid Essex
- Young men are more likely to be the victims of crime

- Levels of unhealthy lifestyle behaviours are similar to the national average
- 😟 20% of adults are obese, 76% don't eat 5 portions of fruit or vegetables a day, 17% binge drink, 22% of adults smoke and 80% don't exercise as much as is recommended
- 😟 506 deaths per year in Mid Essex are due to smoking
- 😟 Rates of overweight and obesity in children are similar to the national average but still high (possibly as high as a third of children in reception and year 6)

Life expectancy at birth

- 😃 Life expectancy at birth is increasing and is 82 years for women and 78 for men
- 😟 Life expectancy at birth varies across Mid Essex with a difference of 7 years between the best and the worst areas

Deaths

- Overall, death rates in Mid Essex are similar to other areas but;
  😟 Death rates are higher for men than women especially for coronary heart disease, circulatory diseases and lung cancer
  😃 Chelmsford has low death rates overall and low death rates for circulatory diseases and coronary heart disease in women
  😟 Maldon has high death rates from coronary heart disease in men

General practice disease registers

- There are low rates of hypertension in Braintree and Maldon but the rate in Chelmsford is higher than Essex and the East of England
- Rates of stroke, coronary heart disease, serious mental illness, cancer and asthma are low in Maldon
- Rates of asthma and hypothyroidism are high in Braintree and Chelmsford
- Rates of chronic obstructive pulmonary disease are low across Mid Essex

Hospital activity

- Mid Essex has lower rates of heart operations than the East of England and England
- Mid Essex has a slightly high rate of hip operations
- There are low accident rates in women aged 60 and over in Maldon and rates are higher in women than in men (in those under 60 rates are higher in men)
- There are low rates of cancer in women 60+ in Maldon and men 60+ in Chelmsford
- Rates of cataract operation vary across Mid Essex and are highest in Chelmsford and lowest in Maldon
- Rates of coronary heart disease in men are low in Maldon

Health poverty

- 😟 Mid Essex areas are worse than England in resourcing for preventative care, social care and local government and access to secondary and social care
- 😟 Maldon also fares worse than England in educational quality
- 😃 Areas where Mid Essex is better off are home environments (which includes living alone and social support), lifestyle factors, physical and mental health
- 😃 Braintree and Maldon also fare better than England in change in job supply (which measures the increase in full time jobs)

Your views are important to us, so please visit our website at :

www.midessexpct.nhs.uk/MEPCT/inter/asp/mid_public_health_report.asp

for a copy of the full report and a questionnaire

Appendix B
Profile of delegates

Gender					
	Braintree	Maldon	Ch'ford	Staff	Total
Male	11	4	7	1	23
Female	20	19	17	13	69

Age					
	Braintree	Maldon	Ch'ford	Staff	Total
Under 11	0	0	0	0	0
11 – 17	0	0	0	0	0
18 – 24	0	0	0	0	0
25 – 44	9	9	6	4	28
45 – 59	9	9	8	9	35
60 – 74	8	3	7	1	19
Over 74	5	2	3	0	10

Ethnicity					
	Braintree	Maldon	Ch'ford	Staff	Total
Black	0	0	0	0	0
Asian	1	0	0	0	1
Chinese	0	0	0	0	0
Mixed	0	0	0	0	0
White	29	23	23	13	88
Other	1	0	1	1	3

Disability					
	Braintree	Maldon	Ch'ford	Staff	Total
Yes	5	1	5	0	11
No	26	22	19	14	81

Representing					
	B'tree	Maldon	Ch'ford	Staff	Total
Health Service provider	17	13	4	13	47
Local Authority	1	2	1	0	4
LSP (or sub group)	0	0	1	0	1
Voluntary Sector org	1	3	11	0	15
Parish Council	0	1	1	0	2
Community Group	4	1	1	0	6
Other	8	3	8	1	20

Move overleaf

Living / working in					
	B'tree	Maldon	Ch'ford	Staff	Total
Braintree town	11	1	1	0	13
Witham town	1	0	0	0	1
Braintree district villages	4	0	3	3	10
Chelmsford town	4	3	18	3	28
South Woodham Ferrers	1	1	0	0	2
Chelmsford villages	1	2	0	1	4
Maldon town	3	11	1	3	18
Maldon villages	2	2	0	0	4
Outside the area	4	3	4	4	15

Please note that the numbers in the tables may not come to the same total for each event. This is due to the fact that some people decline to answer all the profiling questions.

APPENDIX C

SUMMARY OF COMMENTS RECEIVED VIA EMAIL OR QUESTIONNAIRE

Areas raised by more than one respondent:

- Need for more preventative services
- Need for low cost opportunities to keep healthy
- Need to maintain green spaces and community activities
- Concerns around personal safety – especially in town centres and at night
- Concerns around access to services, for example from rural areas or in the evenings
- The benefits of the University of the Third Age
- The potential for loss of community spirit linked to commuting to work
- Local access to healthcare facilities
- Need for health “MOT”’s.

Other points raised:

- Need for improved services for maternity, physiotherapy, occupational health and age related macular degeneration
- Need for better information provision in health
- Need for improved cultural facilities e.g. theatre and concert halls
- Need for greater police presence.