

CAMDEN HEALTH INEQUALITIES NETWORKING & TRAINING EVENT REPORT 14th MARCH 2011

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Simone Hensby, Executive Director, Voluntary Action Camden

3. Overview of the Public Health White paper, 'Healthy Lives, Healthy People:

Dr Quentin Sandifer, Director of Public Health. The implications for Camden, the involvement and role of the voluntary and community sector.

4. The role and responsibilities of the Shadow GP Commissioning Board and the potential involvement and contribution of the voluntary and community sector.

Dr Marek Koperski, Chair, Shadow GP Commissioning Board

5. Joint Strategic Needs Assessment (JSNA)

Suzanne Barcz, Interim Head of Planning & Performance (Adult Social Care)

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1. Summary

The purpose of the event was:

- To respond the Department of Health Public Health White Paper: Healthy Lives, Healthy People.
- An opportunity to find out how the different partners in Camden intend to deliver on the white paper in relation to GP commissioning and the changes to Public Health.
- An opportunity for the voluntary and community sector to consider how it would like to be involved in the continuing developments.

Healthy Lives, Healthy People: Our Strategy for Public Health in England

The Government is consulting on its strategy for public health. The proposals include working with adults to change their behaviour, taking better care of children's health, improving maternal health, reducing working-age illness and preventing winter deaths through warmer housing and increase the take up seasonal flu vaccinations. The Government's approach to improving public health is to work through empowering local leadership, focusing on key outcomes, increase self esteem and confidence and the balancing freedoms of individuals and organisations with the need to avoid harm to others, using a 'ladder' of interventions to determine the least intrusive approach; empowering local authorities and communities through giving new resources. Rights and powers to shape the environment and tackle local problems.

Healthy Lives, Health People: consultation on the funding and commissioning routes for public health

This Government consultation paper describes in more detail the proposed public health functions and responsibilities and sets out proposals for commissioning and funding arrangements for public health delivery - how public health ring-fenced grant will work with other local authority functions; services commissioned or provided by local authorities at local, sub-regional and national levels; services commissioned via NHS; NHS funded and commissioned services; and flexibility on commissioning services.

Healthy Lives, Healthy People: transparency in outcomes, proposals for a public health outcomes framework.

This Government consultation is about the proposed health outcomes framework for public health with the following purposes:

- "To set out the Government's goals for improving and protecting the nation's health and for narrowing health inequalities through improving the health of the poorest, fastest".
- "To provide a mechanism for transparency and accountability across the public health system at the national and local level for health improvement and protection an inequality reduction."
- "To provide a mechanism to incentivise local health improvement and inequality reduction against specific public health outcomes through the 'health premium'".

The paper proposes 5 key "domains" for public health outcomes, which reflect actions at a community, local and national level. These are:

- Health protection and resilience – from major emergencies.
- Tackling the wider determinants of health – tackling wider factors which impact on people’s health, such as income, housing, etc.
- Health Improvement – dealing with healthy lifestyles.
- Prevention of ill health – reducing numbers of people living with preventable ill health.
- Healthy life expectancy and preventable mortality – reducing premature deaths.

2. Introduction

Simone Hensby, Executive Director, Voluntary Action Camden explained the purpose of the event which was:

- To respond the Department of Health Public Health White Paper: Healthy Lives, Healthy People.
- An opportunity to find out how the different partners in Camden intend to deliver on the white paper in relation to GP commissioning and the changes to Public Health.
- An opportunity for the voluntary and community sector to consider how it would like to be involved in the continuing developments.

In addition to above aims the event also met the objective within Camden’s GP Shadow Commissioning Board Pathfinder bid, where the Communication Plan set this event as a milestone to initiate dialogue with voluntary and community sector organisations.

Simone noted that although there has been strong partnership working within the Health & Wellbeing Boards, Shadow GP Commissioning Board and the Joint Strategic Needs Assessment with representatives from the voluntary & community sector we cannot ignore the fact funding has been withdrawn from the Health Inequalities Forum and its related work, and the Health & Social Care Forum and its related work which has been instrumental in engaging Voluntary and community sector in the health & social care agendas and contributing on various work in the past few years.

3. Overview of the Public Health White paper, ‘Healthy Lives, Healthy People:

Dr Quentin Sandifer, Director of Public Health. The implications for Camden, the involvement and role of the voluntary and community sector.

‘Healthy Lives, Healthy People’ is one of a number of white papers. The proposal within it builds on Equity and Excellence: Liberating the NHS. However, they only apply to London. The other three countries in the UK have different routes to public health.

Healthy Lives, Healthy People is a high-level vision for public health which “improves and protect the nation’s health and improves the health of the poorest, fastest”; responds to Professor Sir Michael Marmot’s report on health inequalities; and complements the recent Vision for Adult Social Care in emphasising more personalised, preventive services.

Many of the public health elements within Healthy Lives, Healthy People’ have not been transferred to the Health & Social Care Bill. The following are the key proposals:

- Establishment of Public Health England within the Department of Health
- Directors of Public Health employed by Local Authorities and jointly appointed by Local Authorities and Public Health England
- A return of public health leadership to Local Government
- Dedicated resources for Public Health at national and local level
- Focus on outcomes and evidence based practice supported by strong information and intelligence system
- Maintaining a strong relationship with the NHS, social care and civil society

Establishment of Public Health England within the Department of Health

A new Public Health Service directly accountable to the secretary of state to: achieve measurable improvements in Public Health outcomes and provide effective protection from Public Health threats. It will do this by: managing the national budget for funding and commissioning Public Health; providing health protection services; commissioning or providing national-level health improvement services; and allocating ring-fenced budgets to local authorities, weighted for inequalities

Directors of Public Health employed by Local Authorities and jointly appointed by Local Authorities and Public Health England

Directors of public health:

- Will be the principal advisor on all health matters to the Local Authority, its elected members and officers
- Will play a key role in the proposed new functions of Local Authorities in promoting integrated working
- Jointly lead the development of the local Joint Strategic Needs Assessment (JSNA) and the joint health and wellbeing strategy (with Directors of Adult Social Services and Directors of Children's Services)
- Work closely with GP Consortia to help identify, prevent and manage health conditions across the population
- Will continue to be an advocate for the public's health within the community
- Will produce an authoritative independent annual report in the health of their local population

Camden's director of public health is a joint post. Over 80% Directors of public health in England are jointly appointed.

A return of public health leadership to Local Government

- Services and support delivered in a partnership between individuals, communities, the voluntary sector, the NHS and local government
- Empowering local government to do more through 'real freedoms, dedicated resources, and clear responsibilities' and a new 'general power of competence' and
- Enhancing the NHS role in prevention, especially in primary care
- Health & Wellbeing Boards (HWB) will be established in every upper-tier local authority
- Minimum membership will include elected representatives, GP consortia, Directors of Public Health, Directors of Adult Social Services, Directors of Children's Services, local HealthWatch and, where appropriate, the participation of the NHS Commissioning Board
- The HWBB will develop joint health and wellbeing strategies based on the assessment of need outlined in the Joint Strategic Needs Assessment (JSNA) and

- The local health and wellbeing strategy will provide the overarching framework within which more detailed commissioning plans will be developed.

The Department of Health proposes that responsibilities for commissioning or providing the following services will pass to local authorities:

- Stop smoking services and prevention activities
- Sexual health services
- Obesity and physical activity programmes
- Workplace health at local level
- Treatment, harm reduction and prevention services
- The NHS Health Check Programme

Dedicated resources for Public Health at national and local level

- Secretary of State:
 - resources allocated to the health and social care system as a whole
 - for strategy and the legislative and policy framework
 - for progress against national outcomes
 - PHE (within DH) accountable to the Secretary of State
- Local Government:
 - accountable to PHE for spending health grant according to conditions
 - accountability to local populations in improving outcomes in health
 - Health and Wellbeing Boards charged with assessing and agreeing local priorities
- From April 2013, Public Health England will allocate ring-fenced budgets, weighted for inequalities, to local authorities. Shadow allocations will be issued to LAs in 2012/13, providing an opportunity for planning
- Health Premium: building on baseline allocations, LAs will receive an incentive payment or 'health premium' that will be based on the progress made in improving health in the local population and reducing health inequalities.

Focus on outcomes and evidence based practice supported by strong information and intelligence system

Maintaining a strong relationship with the NHS, social care and civil society

- The government's view is that society, the government and individuals share collective responsibility for public health and the new public health system will encourage all to play their part in improving and protecting the nation's health and wellbeing...working with industry, the voluntary sector, non governmental organisations and leading experts in the field...'
- The Department of Health will encourage and expect that local authorities, where possible and appropriate, should be commissioning on an 'any willing provider basis' opening up the market for a range of potential providers/sectors to be commissioned to deliver public health interventions.
- Local communities input into strategic development and delivery of the health and wellbeing strategy is key and mechanisms to do this effectively need to be built into the

new structures which are still in the process of being developed.

4. The role and responsibilities of the Shadow GP Commissioning Board and the potential involvement and contribution of the voluntary and community sector.

Dr Marek Koperski, Co-Chair, Shadow GP Commissioning Board explained that he is one of the co-chairs of the Shadow GP Commissioning Board. The role of the Board is to undertake clinically-led, patient focused commissioning of high quality and cost efficient services. Camden has a successful history of GP practices working together which included: the Professional Executive Committee (PEC) and Practice Based Commissioning (PBC). These two boards were merged to form the Shadow GP Commissioning Board. The voluntary Sector (Maureen Brewster) is the representative on the Shadow Board and has been a member of the PEC for a number of years.

Dr Marek noted that the role of the voluntary sector representative is key for maintaining and developing involvement and contribution from the voluntary and community sector. Members from the session voiced their views on the importance in maintaining this representation which has been a conduit for the sector.

5. Joint Strategic Needs Assessment (JSNA)

Suzanne Barcz, Interim Head of Planning & Performance (Adult Social Care)

What is a Joint Strategic Needs Assessment (JSNA)?

The JSNA is a process to systematically identify and agree on current and future health and well being needs of a population to inform priorities for commissioning and improve outcomes and reduce health inequalities. It is not a product but an iterative process

Background

The development of JSNAs has been a statutory requirement since April 2008. Local councils and primary care trusts (PCTs) are expected to work together to identify the current and future health and wellbeing needs of a local population through the JSNA process, leading to agreed commissioning priorities that improve outcomes and reduce health inequalities.

JSNAs are the Joint responsibility of Directors of Public Health, Adult Social Care and Children, Schools and Families. This will allow for shared intelligence, common goals

Developments in Camden

First NHS Camden JSNA was published in November 2008

Second iteration was produced in September 2010

There is a JSNA Steering Group and a JSNA template

The Health and Social Care Bill/Public Health white paper enhances the role for JSNA in a re-structured local delivery system. Local authorities will have the lead role in developing JSNA

and in promoting the 'joined up' delivery of health and wellbeing, co-ordinated by new statutory Health and Wellbeing Boards.

HWB's to develop HWB strategies based on assessment of need outlined in JSNA, including how commissioning can work together. Role of Director of Public Health is to contribute to the development of the JSNA

A new legal obligation on NHS and local authority commissioners to have regard to the JSNA in exercising their relevant commissioning functions.

Local HealthWatch will be represented on health and wellbeing boards to ensure that the views and feedback from patients and carers are an integral part of local commissioning in health and social care.

Engagement with the voluntary and community sector

- Health and Wellbeing Board – LINK/Healthwatch and the voluntary and community sector have representatives
- JSNA event, summer 2010. VAC was a partner in organising this event.
- JSNA steering group. There is a voluntary sector representative on this group
- Needs assessments. A template has been developed.

Role of voluntary sector

- Gathering of evidence, insight and intelligence to inform local policy-making and commissioning relating to population health
- Soft data
- Community assets

Data Observatory www.data.camden.gov.uk

Findings from the JSNA

Key challenges in Camden:

- Health inequalities - 8.4 yr gap in male life expectancy between poorest and most affluent wards
- Cardiovascular disease is the main cause of death and a significant cause of premature mortality – the rate of deaths from heart disease and stroke is worse than the England average
- The proportion of children living in poverty is worse than the England average
- Child obesity is higher than the national average
- Highest suicide rates amongst all London boroughs
- Higher than average rates of hazardous and harmful rates of drinking and drug misuse

Successes around tackling public health

- Life expectancy for men and women in Camden has improved at a faster rate than nationally.
- In the last 10 years, death rates from all causes combined have fallen for both men and women.
- The male life expectancy gap has reduced in Camden in contrast to other boroughs in London.

- Adults are active and levels of adult obesity are one of the lowest in England
- Levels of smoking during pregnancy and breast feeding initiation are better than England average
- Levels of teenage pregnancy are better than the London and England average.

6. The role and contribution of the voluntary and community sector' to the health agenda and the mechanisms available to ensure effective representation.

The Department of Health (DH) expects that

- Local authorities will want to contract for services with a wide range of providers
- Local communities will need to be engaged more widely in the provision of public health to deliver best value and best results
- Local people will have access to information about commissioning decisions, how public health money has been spent and the outcomes that have been achieved
- The DH will work to ensure that the voluntary sector is supported to play a full part in providing health and wellbeing services
- The DH believes local authorities may use grant funding to build capable and confident communities and to support preventive community-focused activities
- The DH will encourage and expect that local authorities, where possible and appropriate, should be commissioning on an any willing provider basis

Local accountability

Public Health England will publish national and local performance data. This will make it easy for local areas to

- compare themselves with others across the country and
- allow local people to assess the performance of their local authority
- increase the incentives for local authorities to improve their performance

Each local authority will have a HWB which will:

- co-ordinate commissioning of NHS, social care and public health services
- undertake the Joint Strategic Needs Assessment
- develop a high level joint health and wellbeing strategy aimed at addressing local needs

The Health Premium

Local authorities will receive a premium if progress is made in improving the health of the local population and reducing health inequalities.

Disadvantaged areas will see a greater premium if they make progress but the premium will be designed to improve and reduce inequalities across all of a local authority's population.

Public health outcomes

The government proposes a new outcomes framework for public health with three purposes:

- to set out the Government's goals for improving and protecting the nation's health, and for narrowing health inequalities through improving the health of the poorest, fastest

- to provide a mechanism for transparency and accountability for health improvement and protection and inequality reduction
- to provide the mechanism to incentivise local health improvement and inequality reduction against specific public health outcomes through the 'health premium'

The Outcomes Framework

- Will include measures that allow assessment of health improvement across all years of life, and enable a focus on where there can be good opportunities to influence health outcomes.
- In focusing on how to improve the public's health, local authorities and their partners must also seek to advance equalities, eliminate the impact of discrimination and narrow inequalities in health between communities.

Outcomes Indicators

Current thinking is that a small number of indicators will focus on health improvement.

The rest of the indicators will cover health protection and preventative services, and reflect the wider determinants of health, to link in the different local services that play a part in delivering health.

The importance of Partnerships

One of the most important aims of the Public Health Outcomes Framework will be to support local partners to work together where they share common outcome goals. It will be critical that alignment is built in with the partner health and social care frameworks.

Highlights of the White Paper

- Local authorities will have new statutory duties to improve the health of their population. This work will be funded by a new ring-fenced budget
- A new health premium will be given to local authorities to reward them for progress in improving public health
- Public Health England will be set up as part of the Department of Health (DH)
- Directors of Public Health will be jointly appointed between local authorities and Public Health England
- There will be stronger incentives for GPs so that they play an active role in public health

7. Consultation responses

What mechanisms would best enable local authorities to utilise voluntary and independent sector capacity to support health improvement plans?

Better awareness of voluntary & community services

Dedicated posts should be funded which would facilitate local consultation between service users and statutory services. These posts will facilitate Networks giving the opportunities for information exchange between and amongst the different sectors and act as a bridge between strategic and operational practices and policies.

Capacity building

It is important to build the capacity of small voluntary and community organisations to bid for contracts. There need to be better involvement and increased engagement from the Voluntary and Community Sector (VCS), and the services they provide should be protected.

Identifying needs

Better awareness of the Joint Strategic Needs Assessment (JSNA) amongst commissioners in addition to using surveys (outcomes) from VCS to inform decision making.

- Existing monitoring information – avoid duplication
- Sustaining improvements led by LA

What can be done to ensure the widest possible range of providers are supported to play a full part in providing health and wellbeing services?

Many of the responses to question 1 were also applicable to question 2. The following were additional responses to question 2.

Development of consortia.

- Value the existing forums
- Share information
- Empower and build partnerships; partner with larger organisation
- More open process for providers to engage / express interest - could encourage collaboration

Strategic input and partnerships

- Voluntary and Community sector representatives on the Health & Well-being Board and GP Commissioning Consortia, and other commissioning bodies.
 - Clear feedback → pathway → up and down
 - clear contact points

Improved communication

- Increase matrix working between the different sectors
- Value the existing voluntary and community sector organisations
- Mapping → who does what
 - against need
 - accessible information on services and needs

Funding/commissioning

- Targets should be jointly set
- Voluntary sector need to seek alternative funding to deliver health services
- Applications for contracts should be on line – expression of interest
- Change procurement methods to enable small VCS role of service user (user - VCS - HWB - procurement)
- Increase commissioners' knowledge of local need and market
- Any willing providers. 3rd sector organisations need to be positioning themselves NOW

Outcomes/outcomes framework

- Co-ordination of outcomes and work backwards to how best to achieve this.
- Work with the voluntary and community sector to gather data / evidence on local outcomes

- Better health outcomes - map outcomes at higher level to lift burden of monitoring
- Organisations and providers to be trained now on outcomes based commissioning
- Outcomes should be targeted (i.e. priority wards)
- Public health outcomes should link to communities not just clinical – wider buy-in
- Outcomes should be related to community and not just clinically based (including language issue)
- Strong steer / duty to provide evidence of outcomes – will encourage inclusion of small groups

How can the government ensure that the outcomes framework, the Local Authority Public Health allocation and the health premium are designed to ensure they contribute fully to health inequality reduction and promoting equality?

The role of local Councils for Voluntary Services should include (or continue to):

- Support organisations in becoming sustainable
- Support organisations in bid writing and PR. Procurement favours good bid writers
- Provide Information and training. The organisations (providers) don't have time to implement the new agenda and the knock on effect will be huge.
- Prepare groups for the current climate (marketing, different types of service provision etc)
- Support the sector through information and training and networking.
- Sharing best practice and consultation on any new initiative.
- Support in quality assurance

What are the best opportunities to develop public health information and intelligence?

- Empower the community
- Voluntary sector organisation to engage with GP commissioning/consortia
- Library of databases / data resources and shared template
- Use different medium such as: local papers; oral; Web portal; social media and text
- Use of a forum / network to cascade health information
- Meeting and engaging hard to reach communities by statutory bodies – use of advocates to and community representatives to support this work
- Use the organisations / providers to provide the information in the community format rather than use LA / NHS jargon
- Use partnerships between the voluntary sector, GPs and LA and include service users

What can partners locally contribute to improving the use of evidence in public health?

- develop a shadow voluntary sector “FORUM” to inform the shadow GP commission
- Voluntary Action Camden to take the lead to establish a voluntary sector forum
- Public health promotion - not just clinical / service provider perspective
- Recognition of the voluntary and community sector as partners
- Data / info e.g. experience working with clients using e.g. social services - to inform local policy and commissioning
- Local data to be collected / select local population e.g. refugees / mental health: use Voluntary Sector databases
- Consistency in data collection
- Work with communities to compile statistics for JSNA and other stakeholders. This can be done through a network (VAC)

- Use of health checks in the communities / maybe surveys to inform the LA / on evidence (needs analysis)
- Providers working in the community knows the issues and need support to put in a robust way and training is needed
- Providers can be commissioned to work on evidencing issues / health concerns through a network
- Consistency data / statistical info and VCS info fed into strategic bodies.
- Using good data – year to year. e.g. Association of Public Health Observatories

Which services should be mandatory for local authorities to provide or commission?

- Culturally appropriate services.
- Preventative where there is evidence that they increasing wellbeing and independence. There was overwhelming support for preventative services to be mandatory commissioned.
- Healthy lifestyle – schools, lunch clubs
- Child obesity
- Mental Health e.g. suicide, drugs, stigma, stress
- Pregnancy
- Drugs and alcohol
- Tackling child poverty
- Safe guarding
- Physical activity: services which contribute most to wider determinants of health
- Sexual health
- Maternity (antenatal, maternity care)
- Diabetes / Cardiovascular → lifestyle issues
- Healthy eating
- Education
- Cancer
- Green environment.

The LA would have to target giving contracts to voluntary organisations that would help achieve the outcomes true pictures.

- *Reducing inequality as a whole*
 - *Reducing the gap between rich and poor*
 - *Empower the voluntary and community sector*
 - *More involvement in the VSC and creating partnership*
 - *Educate the communities*
 - *Availability of technology to providers to demonstrate outcomes achieved*
 - *Reach hard to reach communities by investment in the support for these VCS*
 - *Ring-fencing of health premium for deprived wards*
 - *There would need to be specific targets within contracts e.g. on smoking (amongst ethnic groups).*
- Charges*
- *Restrict partners from charging other partners*
 - *Profit from partner charges goes back into service from non public health uses e.g. advertising*

How can the government ensure that the outcomes framework enables local partnerships to work together on health and wellbeing priorities, and does not act as a barrier?

See outcomes in question 2a.

- Outcomes should relate to communities (ownership) e.g. not all clinically based leading to a Joint accountability for outcomes, not just LA.
- There should be penalties and incentives attached to the outcomes.
- The outcomes framework would need to be broader and specific to ensure that the targets are reflected and cross referenced in the outcomes.
- More local partnerships will have to be formed in the new setting to target particular needs and hopefully achieve better outcomes.
- Joint bids / alliances amongst community/local groups will become a necessity. Now is the time for local groups to position themselves for strategic working partnerships.
- By listening to the voluntary and community sector provider
- Robust representatives on important boards.
- Support the VCS in understanding partnership and training themes in collaborative working
- Providing support in sharing best practice
- The providers need to understand the outcomes / training and support needed
- All small communities to be able to feed in the bigger picture – evidencing the needs
- Outcomes framework ensure VCS on JSNA (ensuring reps aware of VCS and diversity)

The government would welcome views on the likely impact on different equality groups and in reducing health inequalities, of the policies outlined above

- The groups need to be enabled to participate
 - People without the internet
 - Need to cater for each community
 - Representatives of many groups will be cut
- Accessible information
 - Support for smaller VCS groups and communities
 - There should be consultations with the VCS providers on any new initiatives coming from all the new health agenda.
- Support Require
 - Life expectancy for Irish travellers is 52 and this needs to be addressed to support needs.
 - Asian Lone Parents – severely depressed (80%); mental health and 50% on anti depressant – need support
 - Increase of mental health problems for all groups
- Policies
 - Concerns about privatisation of NAS
 - LA settlement formula penalising poor urban areas

- Policy actively displacing vulnerable populations (Msg benefit etc)

Views on the likely impact on different equality groups and in reducing inequalities

Question 8 – Finally the government would welcome views on the likely impact on different equalities groups and in reducing health inequalities of the policies outlined above.

- These should be consultations with the VCS providers on any new initiatives coming from all the new health agenda.
- Life expectancy for Irish travellers is 52 and this needs to be addressed to support needs.
- Lone Parents – Asian – severely depressed (80%) – mental health and 50% on anti depressant – need support
- Need to tackle all preventative health issues – diabetes, cardio
- Education
- Listen to the sector

Need to cater for each community

Other Responses

- Concern about competition with big private companies
- How will VCS be able to compete?

GP - Change to Community

- Waiting lists almost eradicated but procurement process failure – time consuming and costly.
- GP task to rectify – but will they have to take flak for cuts.
- Central NHS commissioning board – Secretary of State for Health maintains all powers already had – so problems of day to day interference set to continue?
- Standard national contracts? Worrying feature.
- ‘Any willing provider’ – allows any organisation to provide services for NHS if they meet criteria – competitive market. Monitoring → standards issues? Danger of organisations moving on every few years knowing they won’t be up to scratch – previous experience with private sector e.g. knees – quality and cost.
- Level playing field – advantages enjoyed by e.g. NHS Hospital would be considered uncompetitive in relation to provider without premises
 - with ‘any willing’ will denationalise NHS and turn it into commissioning agency.
 - fundamental change of NHS culture
 - not just a restructuring

JSNA

- Use in future to hold to account e.g. making sure services in place where needs are identified.
- Camden data Observatory – info on JSNA and other shop.
- Life expectancy along Northern Line

8. ATTENDANCE

	Name	Organisation
1	Hagir Ahmed	Manor Gardens Advocacy Project
2	Jenny Alphonse	Crossroads Care Camden
3	Paul Anders	Homeless Link
4	Ruth Appleton	Santé Refugee Mental Health Access Project
5	Emily Ashegba-Edewor	Foundation66.
6	Chris Annus	NHS Camden: Public Health
7	Mary Rose Brady	Coram
8	Jon Burke	NACVA
9	Nathalie Brossard	The PASS
10	Eleanor Botwright	Castlehaven Community Centre
11	Sebastian Carter	Camden CAB Services
12	Dr John Carrier	NHS Camden
13	Jilani Chowdhury	BWA
14	Sreelata daCosta	Hopscotch Asian Womens Centre
15	Daniel Devitt	NHS Camden: Public Health
16	Lucia Dube	Camden BME Alliance
17	Stella Dunew	Foundation 66
18	Francine Haagman	C&I NHS Foundation Trust- The education and Employment Project
19	Gillian Hall	Women & Health/DISC
20	Lavinia Irving	Camden Council: Interim Head of Engagement & Research
21	Clem Jack	Women & Health
22	Deirdre Krymer	CamdenLink
23	Mercy Kurmar	One Housing
24	Caroline Lamont	SHP
25	Marian Larragy	St Pancras Community Association
26	Jane Llewellyn	Origin Housing
27	Gordon Meen	Camden LinKs
28	Arti Nanda	ONE KX
29	Joise Nakos	RSVP
30	Rachel Obi	Community Link
31	Gloria Oladimeji	Kings Terrace Project: One Support
32	Brid O'Dyer	Princess Trust
33	Grace O'Malley	Irish Traveller Movement
34	Bob Pettingale	Family Lives
35	Mark Phillippo	One Housing Group
36	Sussan Rassoulie	Circle 33 Housing Trust
37	Sofina Razzaque	KCB Chadswell Healthy Living Centre
38	Benu Redey	Asian Women Lone
39	Monica Riveros	Age Concern Camden
40	Sarah Ruane	Physical Activity Manager
41	Nic Sharifi	Broadway SNL
42	Deborah Sharpe	Women & Health

43	Laura Su	NHS Camden – Public health
44	Nicolas Vial	Great Chapel Street Medical Centre
45	Jane Watson	Origin Housing
46	Julia Wiggett	Crossroads Care Camden
47	Neil Woodnick	Camden LiNK
48	Rokiah Yaman	Creative Health Lab
		Facilitators
49	Somanah Achadoo	VAC
50	Maureen Brewster	Camden Health Inequalities Forum (VAC)
51	Patricia Garcia	Better Governance Project (VAC)
52	Mohamed Hussein	Children & Families Network (VAC)
53	Kevin Nunan	VAC
54	Sucaad Odowa-Nielsen	Somali Mental Health Network (VAC)
55	Nancy Towers	Camden Health & Social Care Forum (VAC)
56	Donna Turnbull	Camden Community Empowerment Network (VAC)
		Speakers
	Suzanne Barcz	Interim Head of Planning & Performance, Adult Social Care: LBC Adult Social Care
	Simone Hensby	Executive Director: VAC
	Dr Marek Koperski	Joint Chair: Shadow GP Commissioning Board
	Dr Quentin Sandifer	Director of Public Health: LBC/NHS Camden

8. Evaluation summary

**In total 48 people attended (excluding facilitators)
26 evaluation forms were completed and returned.**

The numerals in brackets denote the numbers of people who responded to the question.

The participants worked primarily with groups/organisations representing the following:

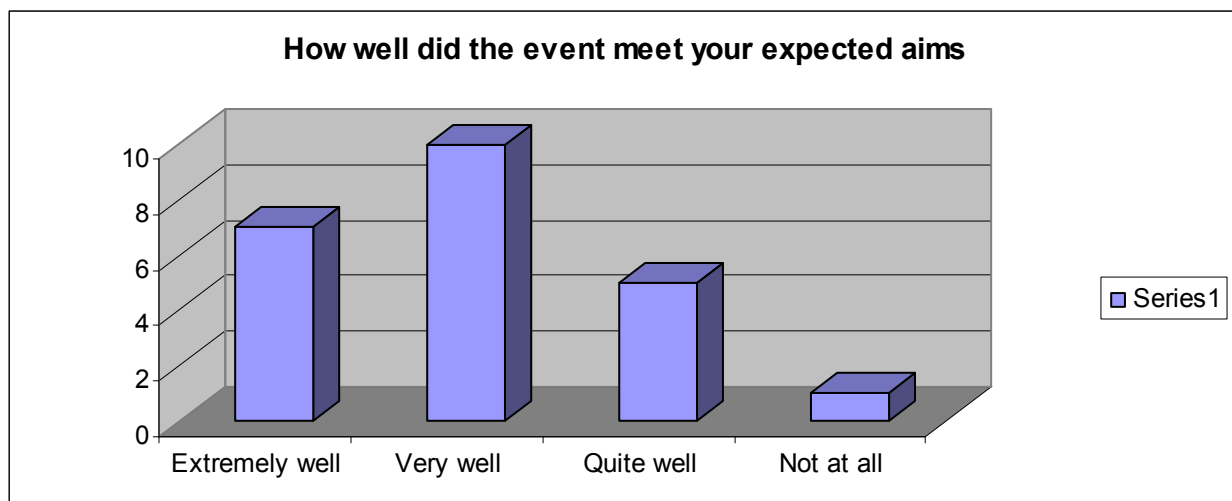
- Camden residents (18)
- Refugees (3)
- Black and minority ethnic users (8)
- Disabled people and deaf people (7)
- Young people (8)
- Older people (8)
- LGBT (2)
- Faith Groups (3)

Others

- Travellers Gypsies (1)
- Children (1)
- Parents & Toddlers (1)
- Supported housing (1)
- Mental Health (1)
- Social Isolation (1)
- Asylum Seekers (1)
- Homeless (1)

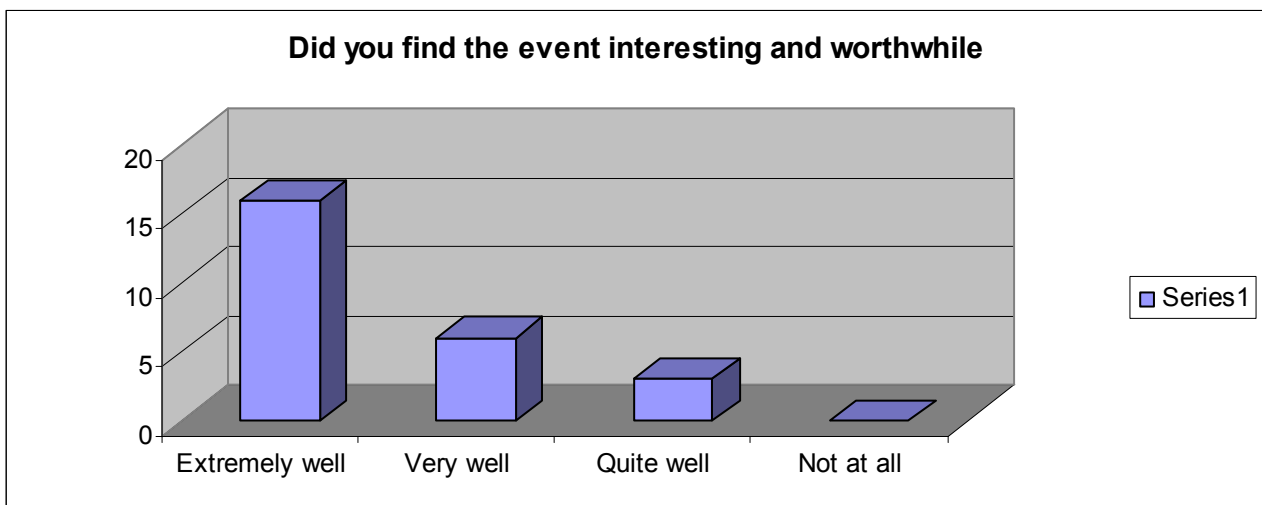
Participants gave the following reasons for attending the meeting

- To find out about the proposed changes to the NHS, Public Health, Joint Strategic Needs Assessment, GP Commissioning and the impact on the voluntary and community sector (15)
- Meet other voluntary and community organisations (2)



The following were issues which participants felt were not addressed or required further discussion

- The consultation questions were difficult to understand (1)
- Not enough time was allocated to respond to the consultation questions (1)
- How to get involved/contribute to JSNA (1)
- Generally participants wanted more details and clarity around:
 - o Funding priorities
 - o GP commissioning Board
 - o Public Health
- In some cases participants were aware of the lack of Government guidance, which led to indecisive responses to questions.
- Deprivation breakdown
- Funding cuts to the sector (2)



The following were identified as general issues to be improved upon

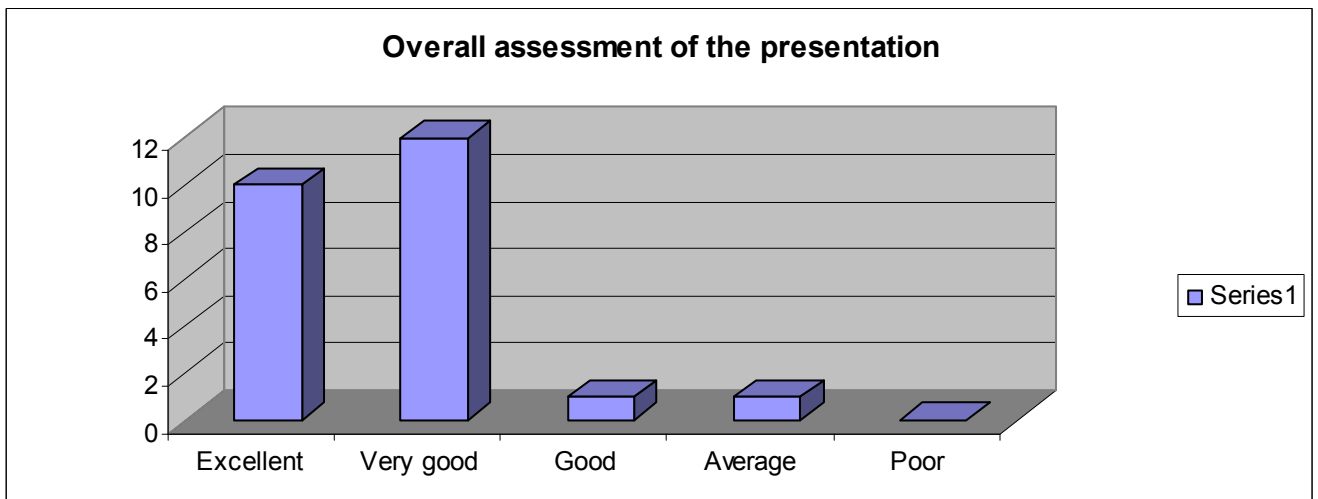
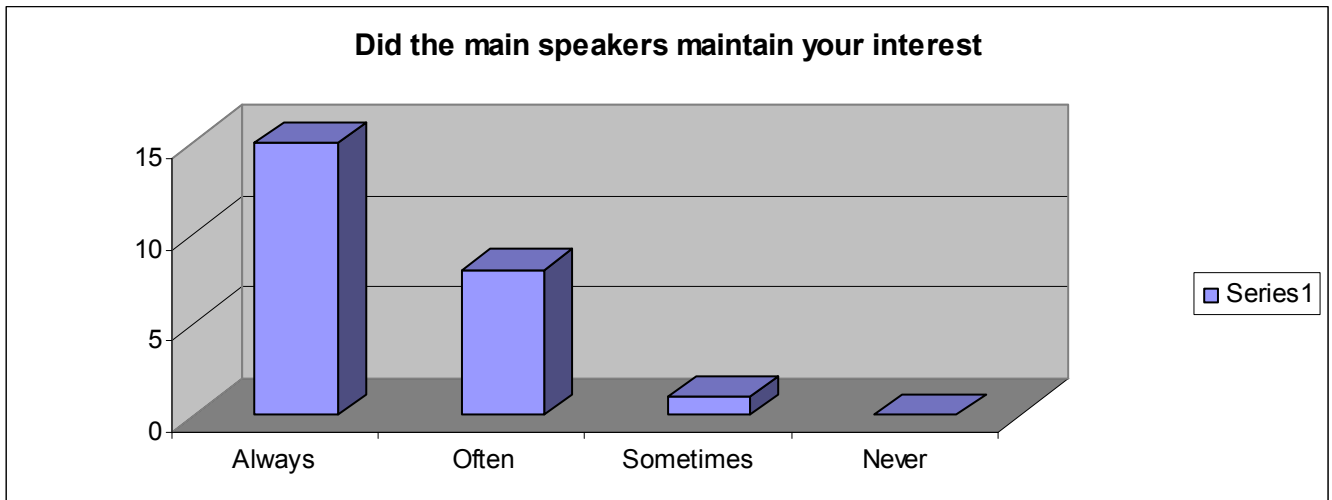
- More participants involvement in consultations
- To have people who can answer questions difficult or not
- Shorter event
- there were many more
- Acoustics
- Practical steps on how to get involved
- An identified link person to act as a bridge for the next steps.
- Terms and concepts used which they were unfamiliar both within the presentation and consultation questions (4)
- Some presentations were fast and could have used diagrams/pictures.
- Good to get everyone together
- Better distribution amongst the different agencies.

25 participants felt they were able to ask questions, whilst 22 felt that they contributed to the discussions.

Other comments

- Was an excellent day (2)

- Very good session
- Good timing
- Speakers provided the relevant information succinctly
- Great food



Participants identified the following topics for future events/discussions

- Primary Care (1)
- Alcohol and substance misuse (1)
- Smoking (1)
- Dental Health / NHS Dentist (1)
- Personalisation agenda (1)
- Communication with GPs (1)
- How to get involved (1)
- Mapping the impact of cuts and the relationship to public health services (2)
- Changes to NHS services – the White paper
- Homelessness
- Mental Health
- Destitution
- Mental Health
- Culturally appropriate service4s for BME communities.