



In partnership with Bristol North Somerset and South Gloucestershire Clinical Commissioning Group and NHS England



# Recommissioning of Children's Community Health Services Consultation Report

December 2015





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## Consultation report

### 1. Introduction

Bristol, North Somerset and South Gloucestershire (BNSSG) as part of the commissioning process aim to improve Children's Community Health Services (CCHS) for this area. This report describes the process and outcomes from the consultation undertaken as part of the re-commissioning of these services. It captures how the Clinical Commissioning Groups (CCG), Local Authorities (LA) and NHS England (NHSE) have engaged with the public, professional groups and the voluntary sector; the consultation process, the feedback received and the next steps to be taken.

A 12 week consultation was held between the 3<sup>rd</sup> September and 25<sup>th</sup> November 2015 and involved an online consultation and range of community meetings and events to proactively seek the views of stakeholders within Bristol, South Gloucestershire and North Somerset.

Before the consultation, the commissioners undertook an extensive engagement and involvement phase which began in March 2014 and ran until July 2015 where people were asked what we should do to improve services. We used this feedback to develop the model, value and outcomes as well as the service specifications.

This consultation sought to hear the views of stakeholders about the proposed set of values, new model and outcomes for the future CCHS. It gave us the opportunity to check that we heard people correctly during the engagement phase.

Services are changing because of the changing demographic needs and size of our local population. In Bristol the number of children under the age of five has risen by 22% in the last five years. The fastest increase has been in the most diverse inner city and eastern areas. In South Gloucestershire there was a 10.2% increase in children under the age of four in the five years leading up to 2012. In 2008 there were a total of 47,000 children and young people aged 0 – 19 living in North Somerset, about 23% of the total population along with a 17% increase in births since 1999. Our final commissioned service needs to make the most effective use of the resources which are available both in health and other services to meet the needs of children and young people; and be better coordinated and integrated.

This report describes our approach to consultation and the methods used to capture the emerging themes from the feedback. It presents the overall findings from the consultation process, captures what we heard and reports on key recurring themes arising in the feedback. Although all the feedback has been considered, it does not report on every comment received. It focuses on the key themes in a colourful summary form. It is suggested that this report should be read in conjunction with proposed changes to the care pathways contained in the consultation document available at [www.yourhealthyfuture.org](http://www.yourhealthyfuture.org)

The report is specifically written in a manner so that young people will be able to read and understand the conclusions drawn.



## **2. Background: the story so far**

The services that fall within CCHS include: health visiting, school nursing, child and adolescent mental health services (CAMHS), speech and language therapy (SALT), occupational therapy and physiotherapy, community paediatricians, and a range of dedicated services for vulnerable children including children in care, children with learning disabilities, children with life limiting conditions and children with drug and alcohol problems.

During the engagement phase we heard extensive feedback from children, young people, parents and carers, voluntary community service groups and professional groups. Engagement with groups was facilitated in a number of ways. There were also opportunities for the public to fill out a survey, write in, telephone or be a part of a focus group.

An important concept for the CCHS re-commissioning is to ensure that equality and inclusion is integrated into all phases of the project to enable us to meet our public sector equality duty. Therefore the focus for the activity for the engagement phase was to ensure, as far as possible, that the engagement activity mirrored the local demographics of Bristol, South Gloucestershire and North Somerset and that our approach was and continues to be inclusive.

Commissioners heard a variety of feedback during the engagement phase, some positive but also a number of concerns expressed from both adults and young people. A summary of that feedback can be found in Appendix 1.


From the outset, we have developed our proposals for improving these services in partnership with parents, carers, young people and the professionals who support them. For example, the discussions we had in the initial period of public engagement helped us to develop a series of draft service specifications. In addition, the clear aspirations for these services from parents, carers and young people helped us to identify the values that should underpin the services, as well as the model of care.

Throughout this extensive process of engagement we have always tried to listen and learn to make sure that we do understand what people are telling us, and that we are reaching out to hear a range of views.

This public consultation, which was held for 12 weeks from the 3<sup>rd</sup> September to the 25<sup>th</sup> November 2015, on the re-commissioning of CCHS has been our final, public checkpoint in the development of a new approach to the commissioning of these services. It has given people the opportunity to check whether their views have been understood and taken into account in the development of the values, model and outcomes.

## **3. Methodology**

Listening to the feedback we heard in the engagement phase and especially in relation to services needing to have a bigger online presence, the Commissioners decided, with the assistance of the Young People's Reference Group (YPRG), to



develop an online consultation in the form of a new website [www.yourhealthyfuture.org](http://www.yourhealthyfuture.org) which was a “first” for the Commissioners.

We were consulting on the values, the models and the outcomes. However, for openness we included the draft service specifications and allowed users to provide feedback to these if they wished. Although this was not part of the formal consultation any comments received will be reviewed by the Commissioners

There were different ways for the public and professional groups to feedback; they could respond by email, write, attend a focus group or telephone and there was printout option of the consultation questions to post back for those who preferred it.

The content of the online consultation was written for young people. The website led the user through a journey from how we developed the values, models and outcomes, the questions we wanted answered and then how we would use the information received.

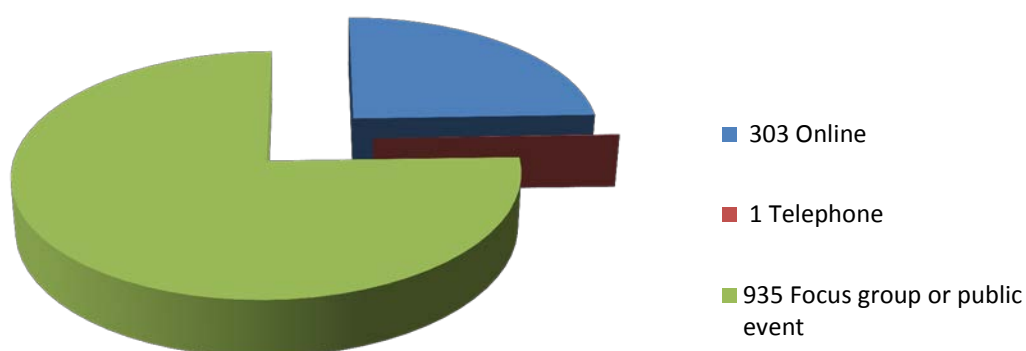
One advantage of the online approach was that changes to the wording could be made right up to the moment that the website went live and also during the consultation. This allowed us to respond to feedback from those trying to navigate the website and to make it easier for future users however the proposals for change were not altered.

From the outset, the design of the consultation has taken into account the diverse needs of the populations it is aimed at. During the engagement phase, we had learnt that our communities access information (and therefore the consultation) differently, and as a result we needed to design a consultation process that would accommodate these diverse needs and by doing so engage with as many people as possible in this process.

Deciding to do an online consultation has allowed it to be more interactive for users with different needs, for example there was an audio browse aloud option (this reads the text aloud for users), a translation bar that translates the text into other languages, which can then be listened to, a British Sign Language introduction as well as an easy read introduction. Therefore the consultation was more inclusive and accessible to more people than the usual paper based consultation.

In total 303 people responded to the online consultation. In addition to the online consultation 81 face to face events or focus groups were held across BNSSG with 935 people attending. A full calendar of events can be found in Appendix 3. In total there were 1240 people contributing to the responses and the chart below shows the breakdown of these:

## How people responded to the consultation



### 3.1 How did we select the current methods for consultation?

The ongoing Equality Impact Assessment (EIA) for the re-commissioning of CCHS informed the design and approach to the consultation. Out of the variety of consultation methods/tools (Table 1) open to us, we selected the following approaches which we anticipated would address the areas of improvement identified and feedback received during the engagement phase.

**Table 1: Outline of the tools/ methods used in the consultation**

Method/ Tool	Comments
Web based consultation: Your Healthy Future.	<p>The “Your Healthy Future” website has been designed with the following features:</p> <ul style="list-style-type: none"> <li>• Young person’s involvement in the development of the website through the Young People’s Reference Group, which has been expertly facilitated by the CCHS PPI lead.</li> <li>• Built in accessibility and usability testing, with a specific focus on the accessibility of the consultation site by people that are visually impaired.</li> <li>• A specifically commissioned sign language introduction to the consultation process.</li> <li>• The use of Google translate and browse aloud (whilst acknowledging their limitation, it can still assist in breaking down language barriers)</li> <li>• A design that is compatible with a variety of screen readers to offers access for visually</li> </ul>

	<p>impaired users.</p> <ul style="list-style-type: none"> <li>• Accessible design which is engaging and aims at presenting key concepts in a simplistic fashion to encourage more people to offer their views on the values, model and both the single &amp; multiple needs pathways.</li> </ul>
Focus groups	Focus groups have been set up to accommodate the needs of individuals and/or groups where a web based consultation is not suited.
A facility to request alternative formats (easy read, paper based documents etc.).	The Communications team have organised a range of publicity events (interviews, postcards and posters etc.) to ensure that our communities are aware of the consultation time frame, and whilst initially directing people to the “Your Healthy Future” website, a telephone number to receive and respond to queries for alternative formats.

Throughout the engagement and consultation process it has been important for us to ensure that we were hearing a diverse range of views from all sectors of the community. Importantly, the online survey allowed us to include equality monitoring questions. Whilst the completion of these questions was optional, this data where provided, was vital to help us ensure that we understood the needs of our communities and to check that we were reaching out to all sectors of the local population.

There was a mid-point review during the consultation to evaluate the current number of responses and for a more in-depth look at the community members who were responding. This allowed us to identify any potential gaps in the reach of the consultation and to renew effort in reaching these groups.

From this mid-point analysis identified that we had a lower response rate than we might wish from men and the lesbian, gay, bisexual and transgender communities. In order to attempt to address this gap, South Gloucestershire contacted Barnardo’s and asked them to publicise the consultation with Fathers’ Groups which they engage with. We also contacted Off the Record to ask them to promote the consultation with the Freedom Project which works with LGBTQ young people, including those from South Gloucestershire. We also made contact with the Diversity Trust who posted the link to the consultation on their Twitter feed (1300 followers) and Facebook pages (500 reach) including two pages aimed at LGBTQ young people.

For Bristol this mid–point review identified that we had a lower response rate than we might wish from the black and ethnic minority communities (BME) and young people under the age of 15. Therefore the Bristol CCG contacted and identified further organisations, such as the BME forum and youth clubs that work with BME and also younger community members. The YPRG then had a second attempt in their schools and local areas targeting younger people and local youth groups.



For North Somerset from the mid-point review we identified that we needed to target the Gypsy, Roma, Traveller (GRT) Community in North Somerset and the Lesbian, Gay, Bisexual and Trans (LGBT) young people. We developed our relationships with professionals and community groups such as the North Somerset Corporate GRT Group and the North Somerset LGBT Forum and HERO a voluntary organisation working within in Churchill Academy.

#### **4. Who have we worked with and involved in the consultation**

We know that listening to people helps us to design better services. Both the Local Authorities and the CCGs have a duty to involve patients, carers and the public (including children and young people) in the development of commissioning plans to change and develop local health services. Whenever decisions are made about improving or changing services, we need to be confident the decision is properly informed by public opinion. It therefore makes sense to recognise the value of involving young people and children themselves in decisions about the services they use. Research shows that the effectiveness of any changes to services young people use is greatly enhanced by involving young people in discussion and consultation. During our consultation we aimed to reach and involve not only children and young people, but parents, carers and professionals across Bristol, North Somerset and South Gloucestershire. In order to allow as many people to be consulted with as possible, we contacted a vast number of organisations explaining how to access the online consultation through the website, and the offer of face to face engagement. We also contacted all, and revisited most, of the previous participants involved in the engagement phase.

##### **4.1 How have young people been involved?**

Young people have consistently worked with us and been involved throughout the whole recommissioning process of CCHS.

We have engaged with a variety of young people in many different ways. Alongside the 46 young people, aged 11- 24, who replied online, we consulted with 292 young people face to face.

One group who we worked with particularly closely was the Young People's Reference Group (YPRG).






#### 4.1.1. How the Young People's Reference Group (Young Healthwatch) worked with us to co create the consultation - this section has been jointly written by the members of the YPRG

The YPRG are a group of volunteers, between the ages of 13 - 25, which began in April 2014 as a way for young people to be consistently involved in decisions about the future of CCHS. Some young people in this group wanted to get involved as "they have had first-hand experience of the services being recommissioned or have an interest in improving these services". This group gave a voice to the young people from all backgrounds to collaborate together and express their feeling about community health services and what they would like to see improved or changed. Many members of this group have a great interest in finding out more about how the NHS functions and what goes on behind closed doors in one of the world best healthcare service.

The YPRG have met once every six weeks, to discuss all aspects of the recommissioning process. The group is run jointly by Bristol CCG and Healthwatch Bristol but has members from North Somerset and South Gloucestershire. This group has been influential throughout the recommissioning process so far for example during the engagement phase, not only did the group contribute and gather feedback on services, they helped to co-created the new pathway (model) that was consulted on. The new pathway took into consideration the feedback from the public in Bristol, North Somerset and South Gloucestershire as well as professional groups. As a group they discussed their key priorities and values "that they would like to achieve from this new pathway and then implemented them". The YPRG expressed that they were proud their "pathway model was a part of the online consultation".


Following the decision by the commissioners to use an on line consultation, the YPRG voted for this, rather than a typical paper based consultation as they believe it to be more accessible for young people. The group believed that allowing young people to view the consultation online or on their phones in a format that was accessible, quick, easy and anonymous, would result in a higher response rate. The group helped design the website "by constantly bouncing ideas off of one another to see what would look best and what language would encourage others to comment. The group suggested that the best way to promote this consultation and reach young people would be to make a short, funny quick animation. Some of the group members featured as characters in the animation and their voices were used". The group then acted as ambassadors in their local areas and schools to promote the consultation with the postcards they helped design. They promoted it through organising and delivering school assemblies and sharing the web links through social media.





“We chose to do an animation because it would be easier and more interesting for young people to understand. Also with many young people accessing the internet today, they can see it and share it on their news feed, on their social media websites, and it is the first thing they see when they visit the ‘your healthy future’ website. The process began when we came up with a script for the animation. We had to make the script so that we clarified all of the main points to cover, as well as making sure that the animation could go smoothly, and so it was not too long for the audience. Young viewers can get bored easily but also we didn’t want it to be too short for the audience to not understand. After we had finished with the script, we then booked a recording studio so we could voice and record our characters. We then got to see drafts of the animation to make sure it was perfect for everyone. We finally got to see the updated version of the animation on the website which we shared on our social media and promoted around our schools”

The YPRG believe the online consultation to have been “an incredibly useful platform to allow young people to share their views about the draft reforms regarding the children’s community health service. The online consultation has allowed young people in the local area to provide feedback, in a more accessible way and remain completely anonymous at the same time. This has been of utmost importance as it has removed possible barriers, such as embarrassment, that often prevent young people from having the confidence to share their views”.



“The online consultation has been a great success due to the internet’s ability to attract a huge audience of young people, enabling the collection of feedback. This feedback will play a fundamental role in ensuring that the new reforms to children’s community health services will provide the most effective, high quality care to Bristol’s young people”

“Involving young people in the consultation has been an extremely important part of the process. Young people have very specific needs and services, especially community health services, need to be tailored around them. Community health services are a huge part of a young person’s experience with the healthcare system. Having young people involved enables them to truly represent their age group, so their point of view can be heard. Without the involvement of young people, decisions are made based on factual, or numerical, evidence rather than on the opinions of the service users. This consultation has been an example of where young people have truly managed to change the way their services are run. For this reason, the involvement of young people has been meaningful, rather than tokenistic. This has been seen throughout this consultation process through the involvement of the Young People’s Reference Group. The group has allowed young people, of various ages and backgrounds, to give feedback on existing services and suggestions as to how they could be improved upon. It has played a vital role in allowing young people’s voices to be heard”

The YPRG has merged to be called Young Healthwatch, and as the recommissioning changes focus the volunteers will continue on to work with Healthwatch. The Young People's Reference Group is an exciting and innovative example of involving young people in the commissioning of their own services and demonstrates how powerful a consultation can be in reaching young people when they are also involved in its design.



#### **4.2 How have we worked with parents?**

During the recommissioning of CCHS we have understood that effective and meaningful consultation will depend on good involvement with parents and carers.

The Commissioners continued, throughout the consultation, to build on the dialogue with parents/carers started during the engagement phase. We have met with Bristol and South Gloucestershire Parent/Carers and The National Autistic Society Parent representatives and ensured that there has been parent and carer involvement throughout the recommissioning process. Not only has their input directly informed our draft specifications, but they have also helped us in the design of the online consultation.

Furthermore many parent carer organisations around BNSSG were contacted at the beginning of the consultation and sent an email to raise awareness of the consultation with a direct link to the webpage, plus an offer of face to face meeting to discuss the consultation. Details of those groups we met with are included in Appendix 2. We will continue to work with and involve parent and carers during the next steps of the tendering process for CCHS.

#### **4.3 How have we worked with professionals?**

A successful consultation will ensure that all stakeholders are given the opportunity to give feedback. We recognise the importance of involving not only parents, carers and young people, but also the need to involve the professionals delivering the current services who will have views on how these services should be delivered in the future.

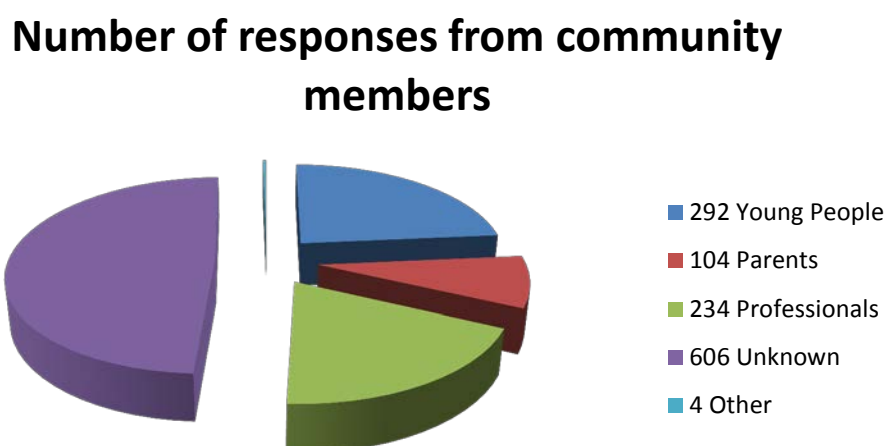
An event was held at the beginning of October to which professionals from across BNSSG were invited. Professionals were invited from health, social care and special schools to provide feedback on the consultation. The event was attended by 49

people across BNSSG. The professionals, in facilitated group workshops, gave their views on the values, model and outcomes and were also encouraged to give individual feedback on the website. The session also covered the proposal to tender the services in lots. A number of health care professionals have provided feedback on the service specifications and these will be considered by the Commissioners and reflected in the draft specifications were appropriate.

Further opportunity for face to face consultation was offered at this event and accepted by some professionals. Other professionals from this event requested further consultation promotional material (the postcards) to help them publicise the consultation further.

## 5. Who have we heard from?


Throughout the consultation we have had an inclusive approach, which we have built on from the engagement phase. This has resulted in 1240 people involved in forming the responses to the consultation. An overall breakdown of those responses follows:



To see a further breakdown of who has responded to this consultation and analysis of community members by equality please see Appendix 4.

From the 303 online responses 193 chose to complete their equality monitoring questions; 46 of these were young people. Therefore 15% of the overall responses online were from young people. It is important to note that during face to face consultation it was not always possible to gather monitoring information. In total, we heard from a known 292 young people, which is 23% of the responses to the consultation. The online monitoring data suggests that the percentage of respondents who were aged 24 and under is not as high as we might have expected, given that this consultation was designed together with young people and aimed to directly meet their needs.

However, there are several possible explanations for this. Firstly, we have anecdotal evidence that in at least one case a group of young people discussed the



consultation together and then having reached consensus completed only one online consultation form. In this case this meant that instead of having twelve responses, we received one. If this had happened in even two or three cases, this could significantly alter the data we have.

Secondly, it is possible that young people are simply less likely to complete equalities monitoring information. For example when meeting a youth group called Mentality in Bristol, members there, stated they did not like to be “put in boxes” or fill out monitoring information. They also mentioned they felt this made things feel less confidential.

Thirdly, it is possible that parents and carers have communicated with young people and then completed the consultation on their behalf.

Fourthly, it is possible that young people went online, viewed the consultation information, looked around the webpage, agreed with what they saw and didn't feel the need to comment any further. When showing the consultation webpage to a school class, the group navigated around the webpage, looked at the values, model and outcomes. They told to the facilitator that everything looked agreeable, when the facilitator asked if they had completed the survey they said no. They explained they didn't feel the need to because everything looked okay and what they and said in the engagement phase had been heard.

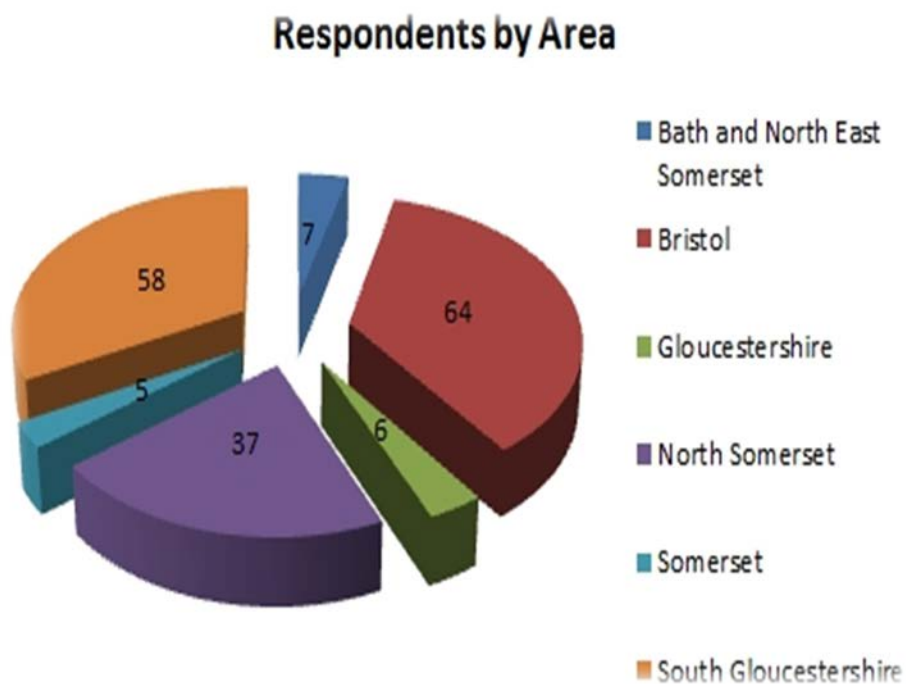
From the data pulled from the online consultation we can see that 2,716 people visited the home page of online consultation and 939 of those went on to view the draft proposals. Appendix 5 shows further analysis on the general activity and number of visits or hits the website has had.



## 6. Consultation Feedback

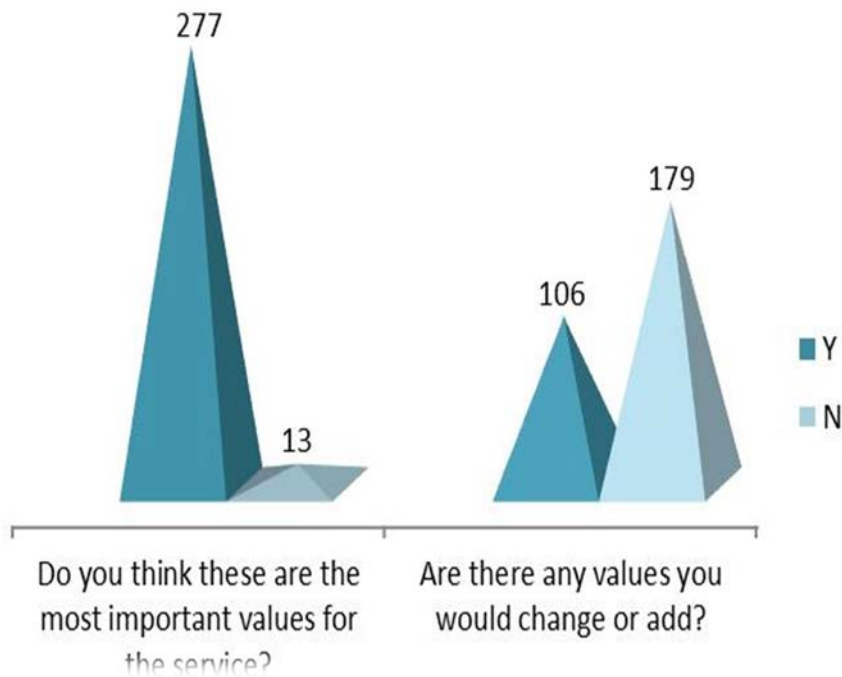
From the various methods of consultation offered, consistent feedback has been heard from many different sectors of the community. In total we heard the views of (either through focus groups or online) 1240 people on our service proposals.

The chart below demonstrates the number of online responses to the consultation received by geographical area. The chart reflects a representative response from across BNSSG. A detailed map of responses by postcode and area can be found in Appendix 6

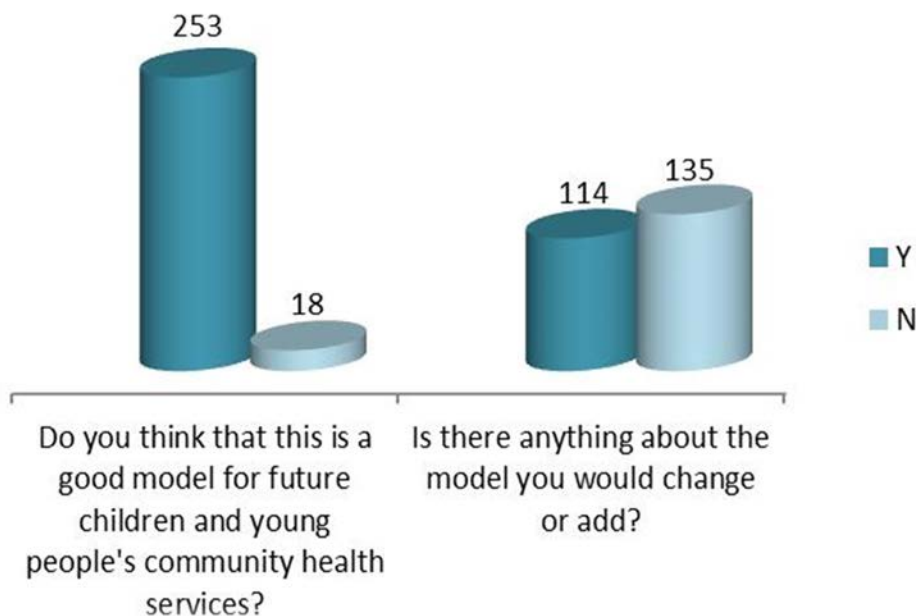


The feedback from the consultation is one of a positive message that the public are in favour of the proposed values, model and outcomes

The following charts reflect the positive responses of the consultation questions asked on the values model and outcomes.



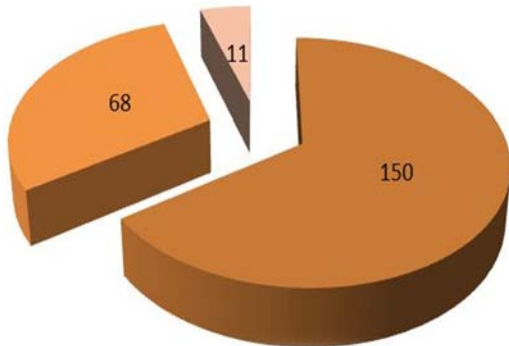
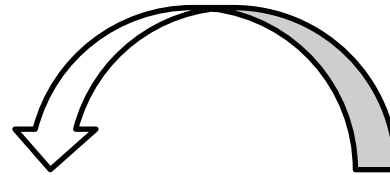
Of the 179 who said they would change the values, 101 provided further details and we will review these comments but overall these relate to how these values will work in the new service e.g. language, cultural awareness, staffing and funding.



Of the 114 who said they would change the model, 108 provided further details and we will review these comments. Again overall these related to how the model would work in the new service and any are covered by the full draft specifications e.g. integrated IT systems. Again resourcing was raised and also timescales / waiting times

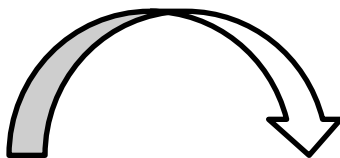


When these services are set up, do you think they will meet your needs?

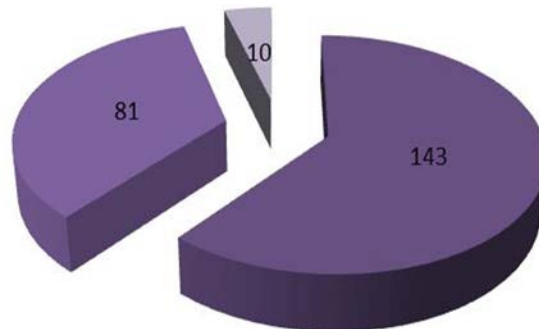


■ Y  
■ M  
■ N

Of the 79 who responded No or Maybe 68 provided further detail and we will review these comments. The common themes were again how realistic was this, how it would be delivered and how would it be funded.



When these services are set up, do you think they will meet the needs of children and young people within the local community?



■ Y  
■ M  
■ N

Of the 91 who responded No or Maybe 72 provided further detail and we will review these comments. Staffing, resourcing and delivery they were common themes.

These charts reflect the public's majority responses of being in favour of the proposed values, model and outcomes. The more detailed feedback received has now been collated, and the key themes drawn out. The detailed feedback responses can be found below.



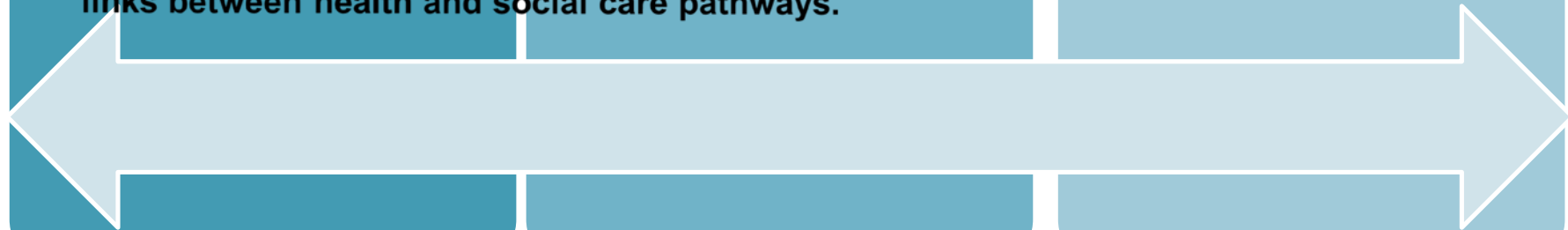
# Overarching Key Messages

The Values

The model

The outcomes

- Overall the public and professionals like the values, the model and the outcomes and feel that they reflect comments and suggestions made during the engagement phase
- People are very keen to ensure that services are integrated and remain working together
- Clear message that communication for all is the key to success
- The values and outcomes are ideal so commissioners may have to manage expectations
- The number of values and outcomes should be reduced
- The public are keen to understand how these changes will be implemented, with clearer links between health and social care pathways.



# The Values

## Key Messages

- Positive message - all the values are important; agreed across BNSSG
- We need to reduce and streamline the number of values by merging some
- Values should link directly to outcomes and indicators
- Ensure values are achievable and manage peoples' expectations
- Ensure the values are applicable to meet the needs of all young people and children

## What young people said?

- Professionals to be more understanding and educated about all issues, e.g. gender identity.
- Professionals need to be open and honest.
- Information given is relevant and up to date.
- Need to be clear on what patient information should and shouldn't be shared.
- Ensure that CYP, especially those with physical disabilities, can get to services
- Ensure communication with YP is in an understandable language

## What did parents say?

- Most important is that people want to feel listened to
- Add a value around 'respect'.
- Add a more focused value on transitioning to adult services.
- A value around cultural sensitivity would be useful.
- Ensure they are not unrealistic and unachievable
- Include cultural competency and awareness training, so professionals can engage with families from varying cultures.

## What changes should we make to the values?

- Reduce duplications- some say similar things
- Change language to manage expectations.
- Should mention communication with those with learning difficulties & other specific communication needs e.g. BSL
- Important to include the sentence "or a guardian of choice" in case the parent/carer is the problem.
- Add a value about care at home/end of life.
- Staff to be diverse themselves not just culturally sensitive.

## What did Professional's say?

- Reduce and streamline the number of values by merging some
- Ensure that stronger links with are made across all services including those with children's centres.
- Great values, but staff capacity impacts massively on these.
- There should be a mention of staff morale.



# The Model

## Key Messages

- Overall there was significant support for the model
- Very positive feedback on complex needs model
- A line to be added for extra support if needed, e.g. an interpreter
- People ask for the model to give indicative time frames for care
- The model needs to include outreach services

## What could be changed?

- Care pathways should be created to address differing care needs whether simple or long term conditions.
- 'My care plan'- the model needs to be clearer as to when the care plan is developed.
- Ensure the model shows inter agency working with those who have multiple needs, not just clinical e.g. youth homelessness

## What young people said?

- The model needs to reflect YP who require outreach, or who are in crisis
- Can there be an additional 'sub-step' before access.
- Add a link with hospital services.
- Doesn't support the needs for deaf YP. The service needs to be in a language they understand
- Some YP just want low key help - early intervention

## What did parents say?

- Positive feedback! However reassurance needed on implementation.
- Lots of clarification wanted on the role of the key worker; could it be earlier in the pathway?
- Parents want services delivered locally to where they live
- Doesn't feel like the single needs model has been tested for children.
- Demonstrate clearer support for parents.

## What did professionals say?

- Support for YP needs to be available throughout their care pathway.
- Reflects a health not an integrated social pathway for example with children centres or Gypsy Roma Traveller Drop ins & voluntary sector.
- Pathway needs a two-way direction of travel; Specialist children can work backwards.



# The Outcomes

## Key Messages

- Overall the public liked and agreed with the outcomes but we need to reduce the number by merging some
- Ensure they are realistic and measurable.
- BME groups favoured the outcome about not being treated equally but thought it could say “treated differently”.

## What could be changed or added?

- Include reference to links with education
- The definition of family for those where it is not straightforward.
- Being treated equally outcome to include health condition and mental health.
- Add an outcome about making sure YP understand what’s been said – reaffirming.

## What young people said?

- Include an outcome about prevention.
- Change to “well informed” not “well educated”
- Support me and my family in transition from CYP to adult services
- An outcome around services co-operating/joined up working.
- Want the option to request another worker or specialist if they feel that they don't meet their needs

## What did parents say?

- Prefer us to ‘encourage and empower’ rather than ‘support’.
- Parents want to feel like there is hope/ for staff to be positive where necessary.
- Want to have more knowledge around diagnosis and knowing what to expect.
- Need to be able to decommission parts/services that aren't working.

## Professional’s thoughts?

- Simplify to 10 outcomes.
- There are duplications or some that say similar things.
- The feel more like aspirations.
- The values should link to outcomes and indicators.
- Currently these are framed in a service-centred rather than person-centred way.

# Lots and Specifications

## Key Messages

- Concerns raised that proposed changes will lead to a more fragmented way of working.
- Concerns about Speech and Language Therapy being commissioned separately.
- More clarification wanted on PMHS's providing tier 2 services.
- Concerns that the partnership and engagement is by itself
- Confusion over system leader function

## Commissioners need to understand

- Participation - we need to ensure we capture information for all service users
- We need to make sure we use existing engagement groups & not start something new.
- South Gloucestershire and North Somerset to consider commissioning Be safe
- Specialist services for therapeutic work for victims of sexual abuse should be included on the specification of the CCHS plan.

## CAMHS Spec


- Move away from a Tiered model as it does not reflect reality.
- Therapeutic programmes should be available for victims of sexual abuse
- Have a more adolescent and outreach focus
- Work with voluntary sector and the most vulnerable
- Focus as a consultant service with clearer thresholds.
- Should be able to refer to other professionals.
- Needs to be reserved for those most in need.
- Include a fast track.
- Lower the threshold for access

## Parents concerns...

- Needs to include a disability section.
- Definition of family to be included; current services excluded those who have parental split.
- Partnership and Engagement needs to work across all services
- Work in partnership with 0-25 year services
- Contract someone to engage with disabled children specifically & hear what their parents say.

## Universal services

- Comprehensive local directory needed.
- 0-19 service needs to refer children on for assessments before any thresholds are reached.
- Target to reduce excess weight in 4-5 & 10-11yr olds.
- Specification needs to reflect a maximum number of School Nurse visits for each referral.
- Flexibility from 08:00 to 20:00 could be difficult to deliver.
- Concerns that HV provision remains equal across the wider area



The key themes in the feedback are consistent across geographical areas and community members, with little or no differences to note. However one interesting difference in feedback is between what young people want and what professionals or parent/ carers believe to be possible. For example from the focus groups held, 19 young people felt the most important value to them was 24 hour access to services. Yet the feeling from multiple professional and parents/ carers are that under current pressures and cuts that this is unrealistic. One professional wrote “I think there needs to be a sense of realism in terms of how this would be operationalised.....”

A parent wrote “the values and outcomes are great; however they are of course an ideal world, a utopia. Sadly we don’t live in an ideal world and we need to manage the expectations of the children or young people who use these services or we will continue to disappoint. They don’t understand the money or politics side of things; they only understand what they are promised. We want care standards to be high of course, but change the language of values and outcomes to include things like “where possible” to keep things achievable and realistic”.

This leaves room for thought for an interesting discussion between commissioners around managing the gaps between what young people want and what professionals believe to be achievable in terms of values and outcomes that should be taken forward into the procurement phase and into the competitive dialogue sessions with potential providers.

We have also received 106 general comments, from our “contact us” page, mainly from healthcare professionals on the lots and specifications. These comments will be considered as we prepare the final draft specifications.

## **7. Conclusion**

Overall the consultation has reached a diverse range of respondents. The feedback is consistent across geographical areas and community groups. The suggestions received will be used to produce what we believe will be a good model for the future of children community health services. Our analysis of the equality monitoring data and any gaps in reaching some communities must be considered in the context that equality monitoring data is not available for everyone who responded. In addition, we have varied the methods we used in the consultation process to reach as many communities as possible.

It is clear from the responses received to this public consultation that there is widespread support for our proposals. The comments on the values, model and outcomes will be considered and will be reflected in any changes, Therefore, we are confident that we can proceed to the next stage of the re-commissioning process knowing that our plans have been developed with, and supported by, the people that matter – the children, young people and their parents and carers who use these services.

This report has set out what we have heard throughout the consultation process. It has identified key messages and reflected upon the way in which different sections

of the community, whether for example by age, ethnic group or geographical location, have given their views.

## **8. Next steps: The changes we propose to make**

This report will now be shared with the six commissioning organisations involved in this re-commissioning, and will also be made public via our respective websites, and shared directly with those who have asked us to do so.

The views we have heard have been shared with all commissioners who will take them into account when they are finalising the draft service specifications, along with other sources of evidence such as clinical best practice. Commissioners will finalise the specifications in discussion with colleagues and final versions will be presented to the Children's Community Health Services Re-commissioning Programme Board on 3<sup>rd</sup> January 2016. Specifications will remain draft until the end of the procurement process as it will be a competitive dialogue process which offers an opportunity for the preferred bidder to contribute to the final version of the specifications.

The procurement process will start in January 2016 and will run through to September 2016. This report will play a key role in our discussions with potential providers during the procurement process and we will ensure that the views we have heard during consultation are kept to the forefront throughout that process. We will keep a record of what changes we make as a result of consultation feedback and where we are not able to make changes we will record why.

Once the procurement process is complete we will publish a "You Said, We Did" report which will set out how the consultation has influenced decisions and what changes have been made as a result.

Nicole Zographou  
Patient and Public Involvement CCHS Re-commissioning

Margaret Kemp  
Senior Project Manager – CCHS Re-commissioning  
8<sup>th</sup> December 2015

## Appendices

### Appendix 1

## Public and patient vision for children community health services: Engagement Overarching Themes

- Be able to access a service when you need it, not when things get worst
  - Consistent practice
  - Good internal communication
- Proactively communicate with young people and involve families in a way they understand
  - Professionals who are a passionate, especially working with YP
- Where possible children and young people should be seen consistently by the same clinician.
  - Easy access to information and clarity over what services provide
    - Integrated services with a possible new keyworker role
      - Smooth transition between services
    - Young people friendly ways of feeding back on services
  - Be Flexible- choice of appointments/ outreach to young people
    - Treat us as individuals not as a problem or diagnosis
- Services are responsible for being able to communicate directly with all their patients
  - Services need to have more of an online presence
  - Staff need to reflect the community and be culturally aware
  - Shorter waiting times- a personalised road map in the meantime!
    - Be clear on confidentiality

To read full reports of feedback from the engagement phase please look at

[https://www.bristolccg.nhs.uk/media/medialibrary/2014/09/PPI\\_report\\_Final.pdf](https://www.bristolccg.nhs.uk/media/medialibrary/2014/09/PPI_report_Final.pdf) and

[https://www.bristolccg.nhs.uk/media/medialibrary/2015/10/cchs\\_involvement\\_phase\\_report.pdf](https://www.bristolccg.nhs.uk/media/medialibrary/2015/10/cchs_involvement_phase_report.pdf)

## Appendix 2

### A Full List of consultation events

Children's Community Health Services Patient and Public Consultation Events		
Date	Event	Numbers
<b>September</b>		
03/09/15	S.G Priority Neighbourhoods Steering Group	N/A
10/09/15	Participation Event – Bristol Zoo	10
10/09/15	Transformation Planning, Mentality THT	29
15/09/15	Participation and Involvement Professional Workers, Brunel House	7
15/09/15	Redland Green School enrichment event	13
17/09/15	Mentality	11
18/09/15	Youth Film showing at Mud Dock	2
21/09/15	Early Years Health and Family Support Meeting, Horfield	39
22/09/15	Children's Hospital	15
22/09/15	S.G Children's Mental Health Strategy group	N/A
23/09/15	S.G YOS Management Board	N/A
23/09/15	Bristol Youth Council	14
23/09/15	N.S CCG EVENT 1 - For all Healthy Living Centre	15
24/09/15	Colston's Girls school	22
24/09/15	Specialist Children Services, Knowle	5
25/09/15	N.S Parent & Healthwatch meeting	2
30/09/15	Bristol Parent Carers	10
30/09/15	Chipping Sodbury sixth form	7
		<b>201</b>



<b>October</b>		
01/10/15	Professional Engagement Event	46
07/10/15	National Autistic Society Parents Group	4
08/10/15	S.G Lead GP meeting	N/A
08/10/15	S.G Safeguarding Children Board	N/A
12/10/15	Boys Club, Southmead Adventure Playground	12
12/10/15	Women's Health Evening Portishead Medical Group	60
13/10/15	Voluntary Action North Somerset AGM	50
13/10/15	Healthwatch North Somerset AGM	54
13/10/15	Healthy City Week	2
13/10/15	Healthwatch radio show	N/A
14/10/15	S.G Clinical Operational Exec	N/A
14/10/15	S.G Improving the Patient Experience Forum	N/A
14/10/15	Young carers group	4
14/10/15	N.S Parent meeting	1
15/10/15	St Pauls BME group	5
16/10/15	Chair NS LGBT Forum	1
16/10/15	Greenfield Gypsy, Roma Traveller ( GRT) site	3
20/10/15	Worle School	7
20/10/15	Learning Partnership West	20
20/10/15	Worle School Council	7
21/10/15	N.S Parent meeting	1
21/10/15	Claremont School - National Children's Bureau	11
21/10/15	CCHS interactive session organised by the care forum	16
28/10/15	N.S CCG Board	N/A
28/10/15	S.G Young Carers' Voice	N/A
30/10/15	Family Fun Day @Bristol	4
		<b>308</b>

<b>November</b>		
02/11/15	Two sessions with South Gloucestershire Councillors	N/A
03/11/15	Weston Super Mare Library – Storytime	17
04/11/15	Mobile library – Rurals and Wrington	44
04/11/15	S.G Troubled Families Project Board	N/A
04/11/15	Bristol Education Centre, Sheridan Road, Horfield	13
05/11/15	Priory women’s unit	13
05/11/15	Winscombe library - Storytime	12
05/11/15	Winscombe Indoor Market	8
05/11/15	For All Healthy Living Centre library	1
06/11/15	Pill library- Rhymetime	14
10/11/15	Engagement event, S.G. Parents and Carers (open to all parents and carers in the area)	N/A
11/11/15	Castlewood meeting with parents	2
12/11/15	N.S Parents meeting	2
12/11/15	Bradley Stoke School Council	39
12/11/15	1625 Forum	8
13/11/15	Campus Library Weston	20
16/11/15	Worle library - Rhymetime	16
16/11/15	Congresbury Library – Lego Club	8
17/11/15	N.S Our Voice Counts	40
17/11/15	N.S Gypsy, Roma Traveller Stay and Play	1
17/11/15	Hospital Education Service	6
18/11/15	N.S. Black and Minority Ethnic Network AGM/Weston College attendees	48
18/11/15	S.G Children’s Centre Steering Group	N/A
19/11/15	N.S CCG EVENT 2 – Clevedon Community Centre	16
19/11/15	Hospital Education Service	10
19/11/15	N.S. Meeting with Primary School Head Teachers	N/A
19/11/15	N.S. Meeting with Secondary School Head Teachers	N/A
20/11/15	Nailsea library - Rhymetime	14
20/11/15	LGBT – Youth Drop In For all Healthy Living Centre	8
23/11/15	Clevedon Library - Rhymetime	9
23/11/15	Kings Weston Special School	14
23/11/15	Polish women’s group	7
23/11/15	Bristol Metropolitan School	18
24/11/15	Elmfield School for the Deaf	3

<b>24/11/15</b>	St Andrews Primary School – GRT session	<b>3</b>
<b>25/11/15</b>	North Somerset Councillors - session	<b>12</b>
		<b>426</b>
Total from the whole consultation period		<b>935</b>
Total number of events from Consultation period		<b>81</b>

## Appendix 3

### **What different methods did we use when consulting the public?**

There were different opportunities for the public to feedback into the consultation. In addition to the online consultation they could consult by email, write, attend a focus group or telephone and there was printout option for those who preferred it.

There was also extensive face to face consultation with groups and a number of professional events. The face to face consultation activities spoke to many people including the following:

- A number of schools including special schools
- Youth groups around the city including young carer groups and mental health support groups
- Organisations working with the Black and Minority Ethnic (BME) communities
- Voluntary sector agencies
- Parent organisations such as Bristol Parent Carers and the National Autistic society
- Members of the Lesbian, Gay, Bisexual and Transgender communities (LGB&T)
- Homelessness services
- Learning disability services

In professional or parental face to face events a brief introduction to the consultation was given providing a context to the proposed changes, showing the website and animation. Then in groups copies of the proposed values, model and outcomes were give out and there were discussing addressing the following questions:

#### **The Values**

**Q1 Do you think these are the most important values for the service?**

Yes/ No

**Q2 Are there any values you would change or add?**

Yes/ No

**Q3 If you answered 'Yes' to question 2, tell us which values you would add or change**

#### **The Model**

**Q1 Do you think that this is a good model for future children and young people's community health services?**

Yes/ No

**Q2 Is there anything about the model you would change or add?**

Yes/ No

**Q3 If you answered 'Yes' to question 2, please tell us what you would change or add.**

## **The Outcomes**

**Q1 When these services are set up, do you think they will meet your needs?**

Yes/ No/ Sometimes

**Q2 If you answered 'No' or 'Sometimes' to question 1, please tell us why**

Yes/ No/Sometimes

**Q3 When these services are set up, do you think they will meet the needs of children and young people within the local community**

Yes/ No/ Sometimes

**Q4 If you answered 'No' or 'Sometimes' to question 3, please tell us why**

**Q5 Please tell us anything else that you think will help us shape the future of children and young people's community health services**

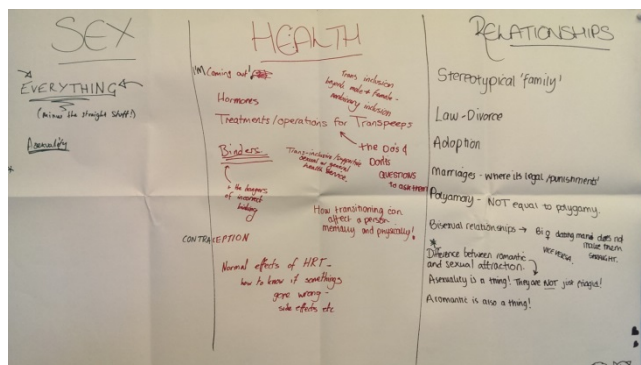
In face to face events, each group had time to look at the values, model and outcomes individually and discuss in their groups. Groups then feedback back as a whole around the questions. There was also an opportunity to comment on the lots and specifications, mainly for parents and professionals, with the understanding that these were not being consulted on. Notes were taken at each table at every event, on a pro forma template or flip chart paper and these were then collected and typed up.

In Bristol face to face activities involving young people worked slightly differently. A short recap on the recommissioning was presented, followed by a viewing of the animation; groups were then split into three, receiving laminated, individually cut, set of values and outcomes. They had 20 minutes to choose the most important ones to them, discuss the language and its appropriateness, and decide if there were any missing or any they would change recorded on post it notes. Comments were then discussed and debated as a whole group, whilst the facilitator took notes and pictures. Afterwards the model was shown on a projector and groups had the opportunity to ask any questions. If the availability of laptops were possible then individually the group would go online and complete the consultation questions. If not, answers to the consultation were recorded on a pro-forma template, collated and returned to a central point.

It was important for us to allow people to consult in a method that was suitable for them. Prior to face to face meetings, facilitators would ask if the group had any additional needs or a preferable way to communicate. This then allowed facilitators to plan discussions accordingly. For example in Bristol a face to face consultation was organised with a group of young people, some who were profoundly deaf and some with a cochlear implant. It was agreed that an interpreter would need to be organised and the facilitator was made aware that the reading level of some of the students was low. It was suitable for the group to have this session interactively in school time. After the signed introduction was shown and the animation with subtitles, the group were asked in what way they would like to feedback, it was decided a open discussion would be most suitable. The model was explained, the values and outcomes were read out, and interpreted, followed by a discussion evaluating these and sharing stories of their own health experiences.

South Gloucestershire wanted to engage with parents and carers. We met with representatives from the South Gloucestershire Parents and Carers group to talk about how we could work with them to provide an activity which would meet their needs. They asked us for a session during school hours, and which would particularly focus on demonstrating how what they had told us during the pre-procurement phase had been reflected in the work we had done so far, including draft service specifications. We therefore designed a session which could deliver this, looking at two specific specifications in more detail to show how we had provided assurance that feedback given in the pre-procurement phase had made a practical difference to specifications. They also asked us to invite healthcare professionals to join in the event, and we did this, having a Health Visitor, a School Nurse and a Continence Nurse in attendances that were able to talk with parents and carers and undertake shared activities on the morning. The group were also happy to open the session up to all South Gloucestershire parents and carers and worked with us to promote the session.

North Somerset wished to engage with young people from the Lesbian, Gay, Bisexual and Trans (LGBT) community. We met with a group of four students who were attending a drop in at the For All Healthy Living Centre in Weston-super-Mare. Two were Lesbian and two were male to female transgender/gender fluid. An explanation of the consultation was provided to the students and their feedback was requested for the online survey. In the drop in session they then worked on a poster that explored their particular needs for sex education, health and relationships. This is the photo of that work:



The female to male trans people expressed a wish that health professionals be sensitive to their particular needs and be knowledgeable about interventions such as breast binding, and preparation for gender re-assignment surgery. The young people talked about serious issues resulting from 'make shift' binding such as causing broken and/or deformed ribs and bruising. This could be helped by having more understanding from health professionals that they came into contact with. They also wanted health professionals to know what things to ask and which things not to say. They wanted to know what undesired symptoms things to look out for when on hormone treatment. They would also like more information about the services that are available to them on the NHS.





## Appendix 4

### Who did we hear from in the consultation?

The approach to inclusive engagement has been a theme which we have built on from the earlier involvement process. We engaged with our diverse communities through focus groups, events and via the online survey.

#### **Equality group representation at Bristol focus group discussions:**

A total of 440 participants took part in the focus group discussions. An analysis of the equality data available from these focus group discussions is as follows:

##### **Age:**

Of these 62% (274 participants) were young people, 9% (39 participants) were parents and 28% (127) were professionals.

##### **BME:**

Of the 274 young people that took part in the focus group discussions, only 4% (10 participants) identified as BME. In addition, 18% (7 participants) of the parents that took part in the focus group discussions identified as BME.

None of the professionals involved in the focus group discussions identified as BME. This was also highlighted during the earlier involvement stages.

##### **Gender:**

Of the young people that took part in focus group discussions, 30% (81) were male and 70% (124) were female. For parents 8% (3 participants) were male and 92% (36 participants) were female. For professionals, males made up 16% (21) of participants, with female professionals making up the remaining 84%.

##### **Transgender:**

Of all 440 participants, 0.5% (3 participants) identified as transgender. All of these were young people.

##### **Disability:**

Of the young people that participated in focus group discussions, 3% (10 participants) identified as disabled, 1% (3 participants) identified as Deaf and 5% (14 participants) identified as Autistic. In addition, 2% (1 participant) was a parent to a disabled child, and 10% (4 participants) were parents to Autistic children.

##### **Sexual Orientation:**

Of all the 440 participants, 1% (5 participants) identified as Gay. All of these were young people.

### **Equality group representation at South Gloucestershire focus group discussions:**

A total of 10 participants took part in the focus group discussions. All of these were parents. An analysis of the equality data available from these focus group discussions is as follows:

#### **Age:**

40% (4 participants) were aged 25-49, 30% (3 participants) were aged 50-65.

#### **Ethnicity:**

70% (7 participants) identified as white.

#### **Gender:**

All of the focus group participants were women.

#### **Sexual orientation:**

70% (7 participants) identified as heterosexual.

#### **Religion and belief:**

50% (5 participants) identified as Christian, and 20% (2 participants) identified as not having a religion or belief.

#### **Disability:**

20% (2 participants) identified as disabled, and 50% (5 participants) identified as not having a disability.

### **Equality analysis of the online survey:**

It is important to point out that 36% (109) of respondents did not complete the equality monitoring questions, and therefore these figures might not be entirely reflective of the totality of equality groups that responded. The equality analysis has therefore been undertaken on the 64% (194 responses) equality monitoring responses.

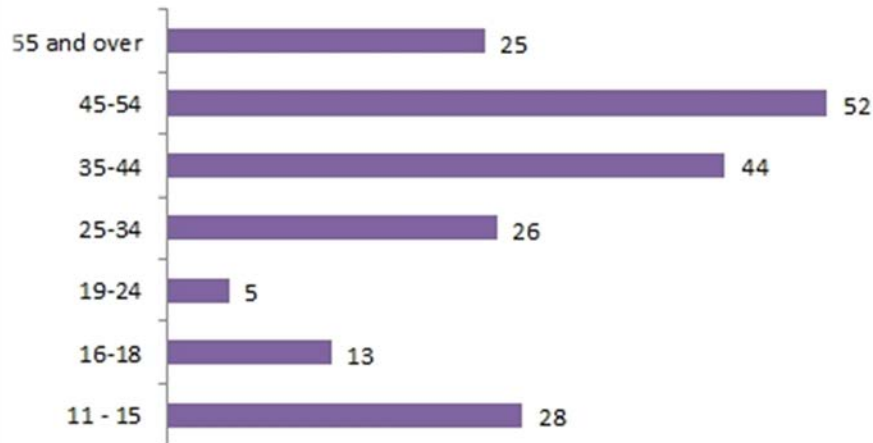
#### **Response rate to the survey:**

There have been 303 survey responses received. Of these 64% completed their equality monitoring questions. The following analysis has been undertaken per protected group:

### **Age:**

The age profile of the respondents suggests that the majority of the survey responses have been completed by parents, carers and professionals.

### **Respondents Ages**



### **Disability:**

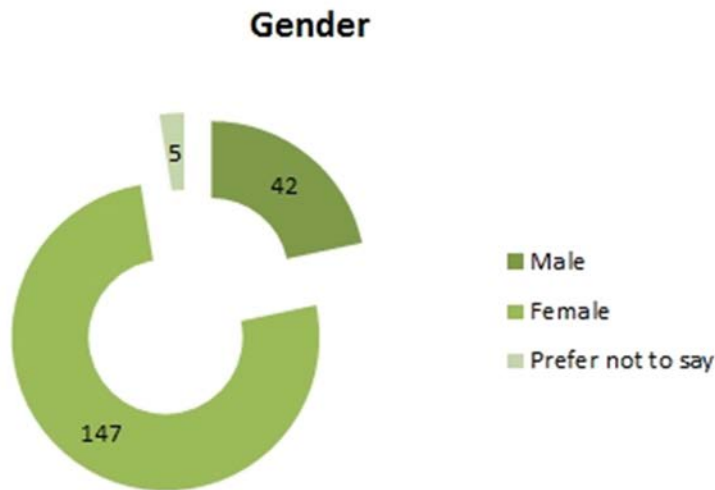
Only 8% of the respondents identified as disabled, however given that the majority of respondents are either parents, carers or professionals, it is highly likely some of these respondents would have completed the survey on behalf of a disabled child. In addition, a proportion of the respondents did not complete the equality monitoring questions which could account for the small numbers.

Other issues to consider are the preference some groups have for focus group discussions despite efforts such as the sign language video which was deployed to make the online consultation as inclusive as possible.



### **Gender:**

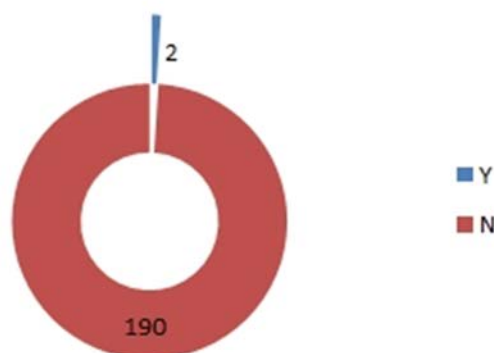
The majority of the respondents are female (75%), with 21% of respondents being male, and 2.5% “preferred not to say”.



### **Transgender:**

None of the survey respondents identified as Transgender. It is important to note however that we did engage some people that identified as Transgender (0.5%) through focus group discussions.

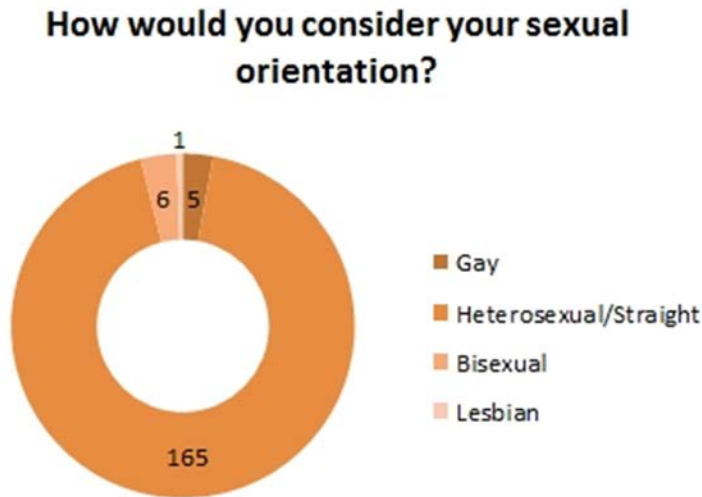
**Do you, or have you ever identified yourself as trans or transgender?**



This compares to the Gender Identity Research and Education Society and the Bristol LGBT Forum estimates which indicate that 1% of the population being on a “gender variant spectrum”. This demographic is applicable across BNSSG.

### **Sexual Orientation:**

93% (165 of respondents) identified as heterosexual, 3% (5 respondents) as Gay, 3% (6 respondents) as Bisexual and 0.5% (1 respondent) identified as Lesbian. All of the LGB respondents were Bristol based.



This compares to local demographic data of:

#### **Bristol:**

Stonewall estimate 6% of the local population being LGB, (The Bristol LGBT Forum estimate that this figure is closer to 10-15%)

#### **South Gloucestershire:**

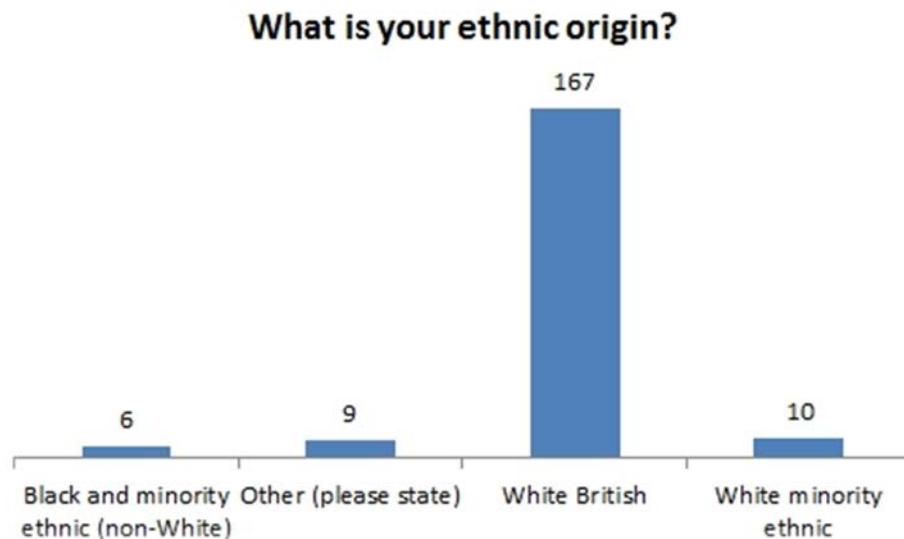
There is no definitive figure for these groups in South Gloucestershire but 1.5% of the population was estimated to be Lesbian, Gay or Bisexual according to the Office of National Statistic's "Integrated Household Survey" (2012).

#### **North Somerset:**

Government estimates that 5%-7% of the population are LGB.

## **BME:**

Only 3% (6 respondents) identified as BME. This is exceptionally low given that 16.5% of Bristol's population is BME, along with 5% in South Gloucestershire and 2.7% in North Somerset.



A further analysis of the data supplied highlighted that 3 of these respondents Bristol based, 1 is South Gloucestershire based, and 1 is North Somerset based. Whilst respondents identified as “other” make up 5% (9 respondents) of responses, and these could be from a BME background, it is possible therefore that the number of BME respondents could be higher. Further interrogation of the data supplied could not provide any further detail as to the ethnicity of these respondents. It must also be noted that 37% of all respondents did not provide the details of their ethnicity. In addition, we have undertaken to engage BME people through focus groups. The outcome of this was that an additional 4% (17 participants) across focus groups for parents, young people and professionals took part in the engagement process.

## **Religion and Belief:**

The respondents reflected diverse religious and none religious backgrounds with 50% of all respondents declaring their religious identity (Table). Noticeably however were no responses from people that identified as Jewish (Census figures for Bristol: 0.2%, North Somerset 0.09% and South Gloucestershire 0.1%) , Hindu (Census figures for Bristol 0.6%, North Somerset 0.1% and South Gloucestershire 0.6%) or Buddhist (Census figures Bristol 0.6%, North Somerset 0.17 and South Gloucestershire 0.3%) compared to demographic data.

The largest single group of responses 38% were from people that identified as not having a religion, followed closely by respondents that identified as Christian 35%. This compares with census data across BNSSG indicating that the largest religion represented is Christianity, followed by those that identify as not having a religion or belief.



## Table

Religion	Percentage response rate from the online survey. %
Agnostic	4.5
Atheist	6
Christian	35
Muslim	3
No Religion	38
Roman Catholic	3
Sikh	0.5
Church of Jesus Christ Latter Day Saints.	0.5
Other	9

### **Conclusion:**

Overall the consultation has reached a diverse range of respondents. Our analysis of the equality monitoring data and any gaps in reaching some groups/ communities must be considered in the context that equality monitoring data is not available for every participant. In addition, we have varied the methods we used in the consultation process to reach as many groups/ communities as possible

## Appendix 5

The data below is the final information of hits and user movement pulled from the online consultation. From this data we can see that 2,716 people viewed the online consultation. 939 of these went on to view the draft plan for CCHS. Yet we know only 303 completed the survey questions. 391 of these viewers came from social media and 239 through Facebook alone. This CCGs Facebook presence is not particularly strong, so these figures could suggest the strength of the YPRG social media push to share the online consultation amongst their peers.



### How many visitors so far

Year	Users
2015	2,716

### How many visitors each month

Month of Year	Users
201509	1,660
201510	881
201511	437

### New v Returning Visitors

■ New Visitor ■ Returning Visitor



### How people found the site

Default Channel Grouping	Users
Direct	1,889
Social	391
Referral	356
Organic Search	208

### How many came from social media

Social Network	Users
Facebook	293
Twitter	97
Blogger	1
HootSuite	1
LinkedIn	1

### What were the top pages?

Page Title	Users
Your healthy future	1,965
The draft plan for NHS Children's Community Health Services NHS	939
The model for NHS Children's Community Health Services	816
Your Healthy Future	730
Values for the NHS Children's Community Health Services	715
Services	674
Pathway model for single needs	654
The outcomes for our NHS Community Health Services	489
Pathway model for multiple needs	419
From draft to reality: Children's Community Health Services	417

### Where visitors came from

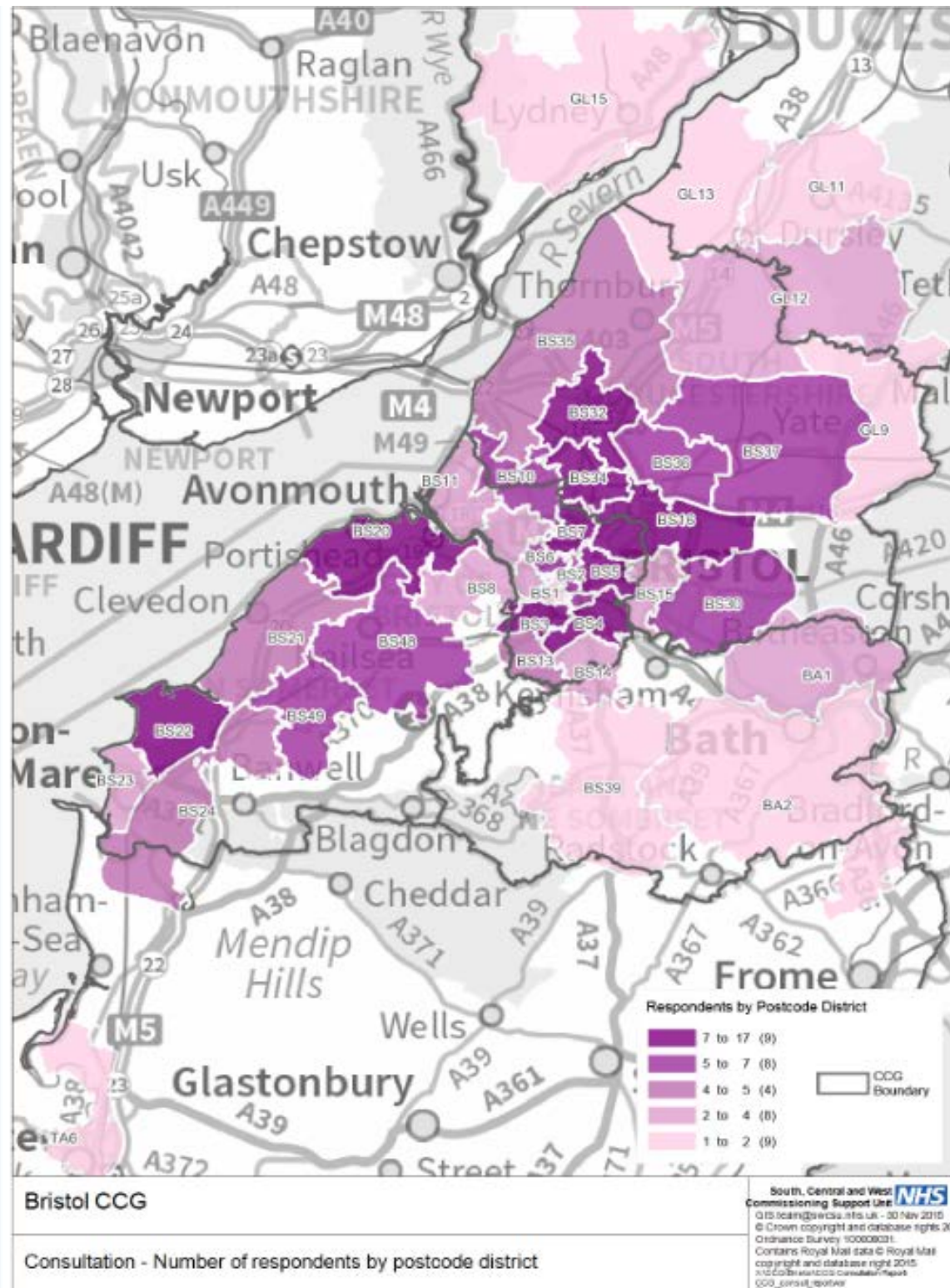
Source	Users
(direct)	1,889
m.facebook.com	200
google	171
.co	90
facebook.com	85
southglos.gov.uk	40
bristolccg.nhs.uk	37
bing	36
bristol.gov.uk	36

### What was downloaded the most

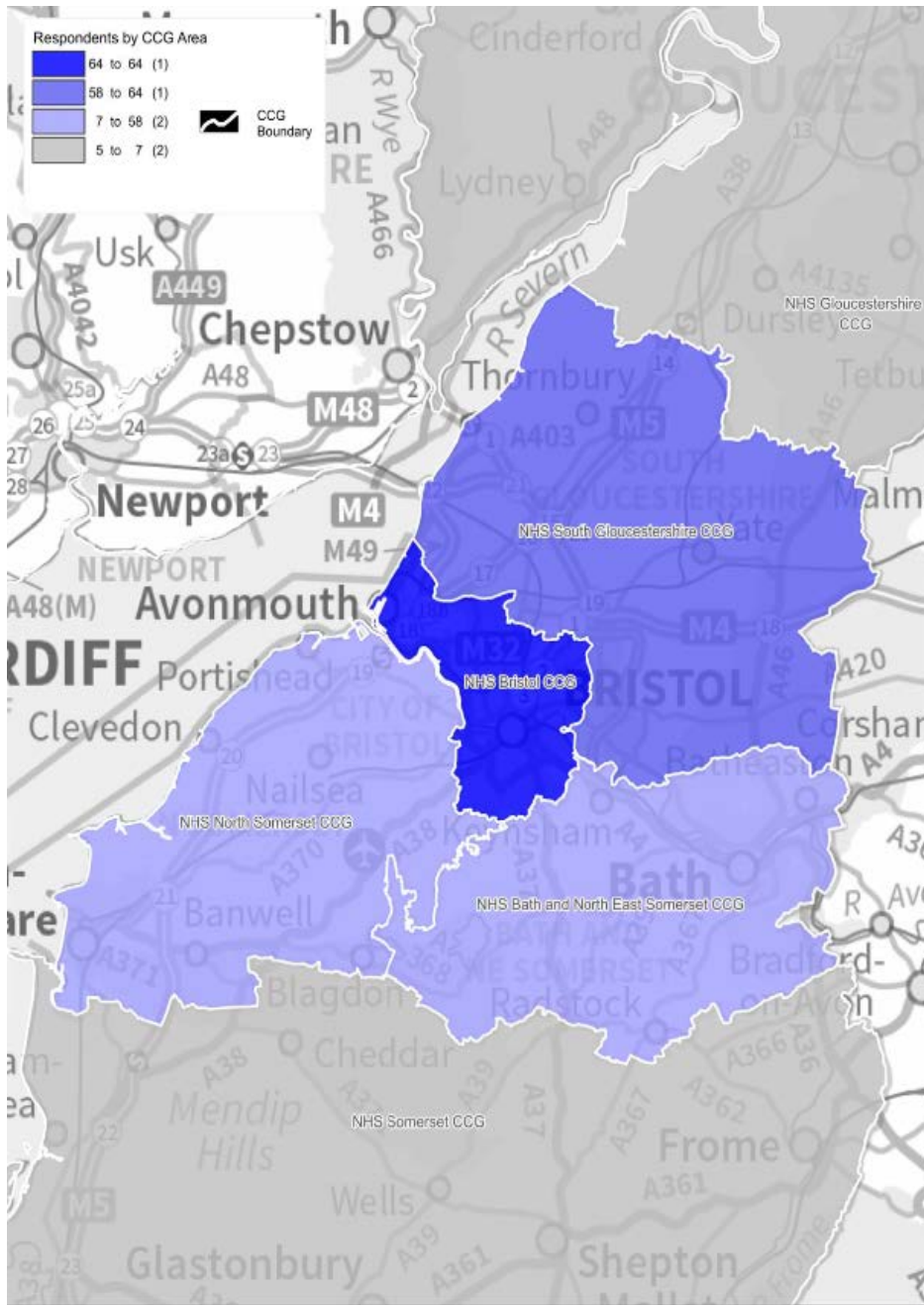
Event Label	Total Events	Unique Events
the-model	187	172
the-values	164	134
child-adolescent-mental-health-service-camhs	139	121
019-years-public-health-nursing	102	91
overarching-cchs-specification	83	74
tell-us-what-you-think-of-the-plan	81	77
childrens-community-therapies	70	61
the-outcomes	57	49
thank-you	56	45
speech-and-language-therapies	53	50

## Appendix 6

A map of responses to the online consultation by postcode.



A map of responses to the online consultation by a geographical area.



Bristol CCG

Consultation - Number of respondents by postcode district

South, Central and West  
Commissioning Support Unit  
GIS team@cwcu.nhs.uk - 30 Nov 2015  
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