Enabling Active Communities

I think the plan of empowering the public is great however this is a massive culture change that is being embarked upon and there are plenty of people who just don't look after themselves and therefore health promotion would fail. In essence a good proportion of our healthcare issue comes from poor education and poor legislation over food products. Therefore awareness and health promotion need to be target accordingly to deal with the future Schools, academies, university and colleges as well as in other areas to try to improve outcomes. Obesity being an example, school PE home economics, people need to understand why they need to look after themselves. Community based services are great where they work but they have to be staffed resourced accordingly, having worked for the hospitals trust for 16 years and seen our service escalate to the level it is now without being able to secure additional funding and staffing my concern would be those services would become overwhelmed. There needs to be an expectation of growth and money set aside to support growth of the services. Hospital service should be provided primarily on one site (unpopular I know) but essentially the 2 main sites are not that far apart and it would certainly allow for patients to benefit from the same continuity of care but would also substantially improving the working lives of staff within my service.

Issues such as diabetes should have a higher priority as tackling this will save a lot of money and improve health outcomes.

I think that promoting self-care and wellness in the community is very important and something that can only be done by joining up health and social care with medical care. I have watched the CCG go down this route for a few years now and I am very pleased to see that the STP is building on the good work done already in the community with things like the Frailty Service in the South Cotswolds and not just chopping and changing and starting new for the sake of it. I have confidence that Glos CCG can actually pull this off to become one of the top STPs in the country.

You use the word promoting healthcare, but the word education would be better. Right now, we get a diagnosis, and that's it. We need the knowledge that the NHS has, and the expertise - and they aren't sharing. Whether it be red tape, or 'big pharma', we, the public do not get the information or support we need to make our own way. When I am told I have a disease, all I receive is a pile of letters in the shape of a word. I need to know what to do. I do not need to be left to the mercy of charlatans emptying my purse because of my ignorance. Good management is about using resources. That isn't happening. Educate and support the public, advertising and marketing have had their day. The expert patient program needs more input, the pain management program does as well, but at least it is a good and successful model.

The NHS, in Gloucestershire and throughout Britain, requires two things: more money and less patients. I suggest below how this may be achieved. Some possibilities lie within Gloucestershire's control, others do not; however, I include them here because I believe we need to approach STP at a national not just local level. FUNDING All food scientifically proven to be unhealthy, such as high-fat, high-sugar, high-salt items, processed meats and red meats, should be subject to VAT. The rate of VAT should correspond to the unhealthiness of the product; for example, the higher the fat content the higher the rate of VAT. This form of taxation would discourage unhealthy eating while producing a revenue stream for the NHS. Given the 2016 and 2021 UK spends on groceries as estimated by the Institute of Grocery Distribution, this revenue would be quite considerable: 'IGD expects the UK grocery market to be worth £179.1bn in 2016,

an increase of 0.6% on 2015. We forecast that the UK grocery market value will be worth £196.9bn in 2021, a 9.9% increase on 2016' (http://www.igd.com/Research/Retail/UK-grocery-retailing/). VAT on food, of course, already exists. I am merely suggesting that the taxation should be based on the principle of healthiness rather than luxury. Tobacco smokers and alcohol consumers already contribute to the Treasury. Shouldn't those who choose to eat unhealthily also contribute? And if the imposition of VAT on unhealthy foodstuffs does lead to healthier eating, thus reducing NHS expenditure, then the policy is a so-called 'win-win'. While I am, personally, not a proponent of cannabis use, I accept the reality that very many people in the UK, against all advice and clinical evidence, insist on using cannabis. Therefore, a government-owned, government-regulated provision of cannabis would make cannabis use safer, would remove the criminal element from the trade, thus husbanding police resources (an estimated £361 million is currently spent every year on policing and treating users of illegally traded and consumed cannabis), and, being state-owned, would constitute a considerable revenue source for the government. It is estimate that the UK cannabis economy is worth approximately £6.8 billion a year, just under half the size of the UK's tobacco industry (http://www.vice.com/en_uk/read/this-is-how-much-the-uk-would-actually-make-if-it-taxed-cannabis). This policy could also be extended to other misused, currently illegal, drugs on the same basis: provide safer usage; eliminate criminality; create a revenue stream. It may be objected that drug use is dangerous, leading in some cases to death. However, the same may be said of sky-diving, snorkelling and mountain biking. If an individual insists on using drugs and does no harm to others, then why shouldn't the practice be legalised, regulated and run by the state? It is estimate that the annual cost to the NHS of foreign-visitor use is £1.8 billion (https://fullfact.org/health/health-tourists-how-much-do-they-cost-and-who-pays/). Rather than antagonise legitimate NHS-users with self-identification (as currently proposed) or waste money chasing recovery from individuals, the NHS should simply recover its costs from the Overseas Aid Budget (currently £12.2 billion). According to Full Fact, the £1.8 billion 'includes the cost of treating [foreign visitors] in A&E, though visitors aren't currently charged for this, and the cost of treating some foreigners resident in England who currently don't incur charges. Only around £500 million per year is estimated to be recoverable or chargeable according to the Department for Health. In reality only £100 million was recovered in 2013/14.' I believe the whole £1.8 billion should be recovered via the OAB. I would argue that treating foreigner visitors is a form of foreign aid. HEALTHIER BRITAIN As the STP indicates, the best way to reduce pressure on the NHS is to make Britain healthier. I would add that a healthier Britain is also a wealthier Britain: healthy people work more efficiently, take less days off through sickness, and have happier lives (including greater mental well-being). In addition to the programmes foregrounded in the STP (e.g. tackling obesity) I would like to see a national campaign for a Healthy Britain, with the government investing in better diets and more exercise for all age groups. For its own programmes Gloucestershire CC should mobilise funding immediately by introducing the Workplace Parking Levy (WPL), a scheme which is already in place for local authorities to implement. Improvements to public transport under WPL should aim at encouraging greater exercise through walking and cycling, especially during the morning/evening commute to and from work and school. Since a healthy adulthood starts with a healthy childhood, I believe GCC should prioritise improving the diet and physical fitness of all children up to the age of 18. Since almost every child in the county attends school, the means and opportunity to achieve this aim clearly exist. I hope these suggestions are helpful, or at least thought-provoking.

Preventative medicine has a huge role to play in planning health care needs for a population. Providing information and educating the people about what is a healthy lifestyle, how to achieve it and the choices to make as well as how the NHS works and how to access it effectively with respect and responsibility is key to the future of Healthcare provision. Such an education programme should start with young children and continue through schooling, college, university and adulthood to enable it to become part of our culture. This will encourage the public to feel more engaged with Healthcare, the NHS and Health care professionals as well as empowering them to be actively involved in their own health and the impact it can have on their quality of life.

There needs to be far greater emphasis on health promotion and prevention of preventable illnesses. There also needs to be better involvement from food and drink manufacturers, who promote unhealthy products to young people and those less well off.

I think it will take a long time to get people to change their view on how they access services, and this will need communicating very clearly and effectively to each community. There are numerous voluntary and community services that people can be referred to or made aware of that can support people in their communities in many ways to improve overall health and wellbeing (social prescribing model). However, it is likely that these services/organisations will also become relied upon by individuals/communities, and therefore they need to be sustainably funded and flexible enough to evolve as demand changes. GPs will also need a broad knowledge of the services available within the community, which I think could work very well amongst each cluster as long as they are kept up to date. I think investing in prevention is key to reducing people accessing services unnecessarily, and social prescribing will hugely benefit this, however, as a VSC organisation, it is very difficult to state exactly how this benefits individuals (as it's so varied) and how much money it saves the NHS. VSC groups can do a lot with very little investment, and the effects can be huge.

Agree that it is very important to promote healthy workplaces and schools and to develop a programme to tackle obesity. Where I live there are quite a few different exercising apparatus in a couple of the parks which is great. I think we have too many fast food restaurants today which are relatively cheap so easy for people to eat there regularly - not sure what we can do about that though. Education and awareness around healthy eating and physical activity is essential.

The NHS is failing on a massive scale by not getting across to people that they have a responsibility to look after their own health. The majority of hospital beds are occupied by people who have become ill through lifestyle choices such as the following - Smoking Drinking to excess Drugs Obesity Lack of Exercise Type 2 Diabetes and its effects such as amputations Eating too much red meat despite warnings that it is unhealthy It has never been easier to keep fit and the correct weight than it is today. The shops are full of healthy foods and there are keep-fit clubs. Children should be encouraged to take part in sports activities and not to play computer games all day With regard to the Gloucestershire Hospitals, residents of the county should be encouraged to see that having two General Hospitals so close together and both providing exactly the same services in not necessary. If we do need Hospitals in Cheltenham and Gloucester then the services they provide should not be duplicated. Parts of Cheltenham Hospital are very old and in a poor state of repair and as many services as possible should be located elsewhere. Standards of cleanliness and hygiene fall well below those you would find in your own homes as the buildings are so old. I am not in favour of restoring 24-hour emergency care to Cheltenham as this would be a waste of money and in fact I query whether we need emergency care at all in Cheltenham if it can be provided better elsewhere The model I would prefer in the long term would be one where there is just one General Hospital for the whole County. It is unproductive having two so close together. I have seen modern hospitals such as the QE in Birmingham and Great Western in Swindon and these are the way forward. Cheltenham General was built in the 19th Century and it is not fit for purpose for 21st Century care and its future should be kept under review The medical model in the UK today is failing from top to bottom. Huge amounts of money are being spent on bureaucracy and the cost of top management, who are being paid more than their equivalents in other sectors of the economy. The standard of care in areas such as cancer falls well below the level of other European countries and mental health provsion is a national disgrace. More money is going in all the time but outcomes are worse than ever MPs are only concerned with having a hospital in their constituency even if the greater good would be served by combining resources with a neighbouring town and consolidating health care

Communication with patients. Text messages and reminders letters would help reduce the number of missed appointments. This is variable at the moment. Dentists text and some doctors bit not hospitals as far as we know.

Self-reliance should be encouraged and facilitated wherever possible, so as not to allow services to be overwhelmed by the demands of the over greedy

I have had to answer 'Don't know' to some of the questions, not because I 'don't know', but because NONE of the answers reflect my thoughts. I am generally in favour of investing in helping people to live more healthily and look after themselves and their families and friends more effectively. IF this results in less demand for some services, then I have no objection to those services being reduced. However, if people live healthier lives and live longer, they are likely to develop more serious and more complex conditions as they get older, so the need for acute services may not be reduced by helping people to live longer.

In emergency care, I agree it's important that we have a centre/s that can provide the best chances of recovery and survival. Totally agree that prevention (and self-care) is the key if the NHS/social care is not going to fall over in the decades that follow.

Several points - I feel your survey could be better. I feel it is worded in such a way that you will get the responses you're wanting and then when people complain you will say 'this is what you said you wanted'. It could be improved by giving space for free text after each question. Having read the summary: I note in my area there are walking groups - which is great but they are mainly in the working week and daytime. As I work I need weekend and evening groups. Tackling obesity: all GPs should offer slimming clubs and exercise groups/ gym sessions on prescription and at a reduced rate. They don't currently - I am obese and have asked. GPs- I rarely need to see my GP fortunately but when I wanted to recently I could not get through on the phone and was prompted to get an appointment online. I tried to do this but needed to go to the surgery before I could register. Then I had to wait for them to contact me, 3 weeks, so that I could use the online service which then didn't work! I visited the surgery to make an appointment- got one with my 3rd choice of GP- the website was out of date and my first 2 choices had left the practice. I saw a very kind and compassionate GP who left the practice the next week. I went for my blood results and was told all was ok and was sent on my way. I had not resolved any of the issues I went with. My feeling - a very poor service. GPs should work in conjunction with complimentary/ alternative practitioners to offer a wider range of treatments. Last year I had an over 50's annual check that was so basic it wasn't worth it. I am a health professional. The health check was done by a HCA and I don't have an issue with HCAs but surely time and efficiency would be improved if a person's details were checked prior to the invite and the service tailored to the patient. I was referred to podiatry service at Rikenel. Lovely practitioner but humiliating to have to walk barefoot through a, not that clean, communal area as part of the assessment. Given questionable advise, inaccurate information about being able to obtain supplies through the local chemist and follow up delayed because of an inefficient admin system. I was given 'Blue Peter' type orthotics but was rationed to 1 pair - I'd have happily paid to have another pair but that option was not available. Again - my feeling- a poor service. Hospital beds are necessary. Acute and Community. However, Community Hospitals deal with far more complexity these days and the services are not there to back this up. For instance- poor dietician input, poor pain management access, virtually no health psychology. This poor provision sets the hospital up to fail. IT - one system should be used across all GPs, hospital trusts, social care. It's crazy that they all have different systems that don't link with each other. Joined up services: you need someone to coordinate a patient's care if they are being seen by several specialists. Treating people's issues in isolation doesn't work. Dementia: sight is affected. There should be improved links with specialist opticians. Workforce: make pre-retirement courses mandatory and see if people who are considering retirement can be recruited to work more flexibly post retirement. This will give more time to up-skill the younger, less experienced workforce.

More support for older people, who are in between needing medical support and feeling lonely to be able to live happily and independently in later life. It's not always clear what support is available for these people, and where is best to get it.

Strongly agree that people should be encouraged to take more care of their physical and mental health.

I feel an opportunity is missed by a) not having space available in hospital for accommodation for rehab on site. Info on support services clearly on display at GP surgeries, hospital outpatients. Proactive measures to ensure patients/public know about these services.

The NHS clearly has a current finance problem. But it faces an even greater challenge because people are not incentivised to look after their own long term health. Significant investments now are needed in tackling obesity and thus reducing future diabetes type 2, arthritis and other costly to treat consequences of our sugar rich diet. The result would add to the productivity of business as well as quality of life. This needs to be addressed by the whole health community seriously - not just the three trusts but also the county and district councils.

To invest in supporting people to help themselves, through community resources, offering communities opportunities to manage their own needs and work closer together so people know where to go for help and understand their own pathway.

To emphasize primary care - helping people to lead healthy lives; encourage people to take more responsibility regarding their health and to use GPs and A & E when absolutely necessary. I wonder whether some senior staff are overpaid but I don't really know.

I cannot see how the increasing demand for services can be met without greatly increased funding. The heroic efforts of the staff cannot deliver timely treatment close to the patients' homes. I have personally suffered deteriorating health whilst waiting for treatment. I have resorted at times to private treatment and self-education to take more responsibility for my own health, which has saved the NHS some money, but it is too expensive for me to rely on for all my healthcare needs. Even the 'free at the point of use' NHS incurs costs in travelling to obtain it at the increasingly centralised hospitals. The free transport offered by Arriva is too unreliable and prone to delays. There is not enough education about the importance of diet in preventing chronic illness, and healthcare professionals are themselves not adequately trained in this. For example, many patients could avoid obesity and diabetes if their doctors were aware of the benefits of low carbohydrate diets and intermittent fasting. The official NICE guidance on diet is almost entirely the opposite of what is proven to work for me and for thousands of others.

Patient education - more resources and joined up info needed for changes

Continue with "joined up" working between partner agencies. Promote health prevention to reduce the impact of treating people with avoidable conditions upon resources Treat people with potentially chronic conditions early on to avoid the costs of treating them whilst they wait for surgery or paying for carers to look after them as their independence and health declines whilst they wait to have surgery/treatment

My ideas are: 1). Quality Checking in GP surgeries, hospital, management in hospital, HR and health professional done by local charity Inclusion Gloucestershire. 2). More nurses in GP surgeries and for the community for elderly and people with health problems. 3). Obesity epidemic advertising on television on the health damage to people health. 4). Explore healthy food in coffee shops and restaurants. This need to be promoted by the government.

Response to STP I found this consultation document very biased. It avoids whole subject areas, presumably for political reasons. I applaud the concept of a health plan and how it should be delivered within the context of finite resources. It is important that the community as a whole prioritise funding. Demand reduction One aspect of that strategy is to reduce total demand and an example is given of diet and the impact of increasing levels of obesity. There appeared to be three fundamental omissions from the document. 1. Sex education: The lack of adequate sex education leads to unplanned pregnancies, sexually transmitted diseases, and, as recently revealed, a significant rise in cases of sexual assault where both victim and perpetrator are below the age of 18 and in many cases below the age of consent. All the above drive a demand for health and social care resources. 2. Poverty: The linkage between poverty and health, both physical and mental, is well documented as is the link to domestic abuse and the need to take children into care. Again all the above drive a demand for health and social care resources. 3. Drug abuse: The linkage between drug abuse and health, both physical and mental, is well documented as is the link to domestic abuse and the need to take children into care. Again all the above drive a demand for health and social care resources. The political context To pretend that there is no political context to this consultation, that the consultation takes place in a political vacuum is grossly misleading. This is not to say that the issue of prioritising limited resources to deliver the maximum health benefit should not take place, of course it should. That debate is inevitable given a growing and ageing population. The consultation should clearly outline the political framework that shapes the parameters of the discussion. If the reason the there is no advocacy of compulsory sex education is the fear of being on the front page of the Daily Express or Daily Mail, then this should be stated. Similarly not treating drug abuse as a health issue rather than a criminal one appears to be a knee jerk response to what the tabloids would print. Since 2010 all Local Government budgets have been cut by Osborne and Pickles, this has had a direct impact on the provision of local care services, the budget cuts have been targeted at the most deprived areas of the country. Since 2010 the wealth distribution has continued to widen and there has been a significant increase in families in poverty. That does not mean that this is wrong, people voted for this. Demand Reduction Continued Given the above it would be more transparent within the consultation if all items that would have an impact on demand reduction were clearly identified. If those items are deemed to be outside of the remit of the bodies making up the STP then this should be stated. For example: Demand for health and social care services would be reduced if there were less families living in poverty, however, this cannot be addressed as the democratically elected government is pursuing a course of making the rich richer and the poor poorer. This approach to identifying all demand drivers would make the consultation paper a lot more honest.

1. Not in the plan - but the Government need to restore the %age of GNP devoted to Health & Social Care to what it was say a decade or two ago, and more on a par with other W European and N.A.countries. 2. "Bed-blocking" must be ATTACKED HEAD-ON! - Upstream consequences (for the patient occupying the bed) - a) not receiving the most appropriate management of his/her condition languishing "well" in a hospital bed - b) at risk of hospital-acquired infection - c) cost of hospital bed greater than what would be spent in a community / social care environment. - Downstream consequences - a) over-run A&E depts. -b) 12h trolley waits in A&E - c) no beds in full hospitals, so longer waiting times for all admissions(medical/elective surgery/even Ca patients) - d) cancelled admissions for elective surgery - e) crises in primary care with patients not being admitted at optimal time with GP's over-stressed / overwhelmed - declines in

appeal of primary care for new doctors.......etc... etc... So please devote a large proportion of the STP to attacking bed-blocking!! 3. I strongly support Social Prescribing. A great way especially to keep the older patient, the frailer patient, the lonely and those with less severe mental problems in their community environment. I have seen it work really well for a number of patients I know.

The things that are important to me and my family are Improving self-management for those with complex health needs. Improving health promotion to prevent ill health. Services you can access locally, see someone with expertise and limited number of appointments. Improving awareness in schools for children to educate them about how they can stay healthy: physically, mentally and socially. They are the generation that are moving forward & we have a great opportunity about educating them to live healthily and keep well. Joint health and social care assessments. IT systems between health and social that are joined up & accessible detailing information about those with complex health needs to enable prompt decision making about the best way to manage their health and social care needs.

Prevention of diseases are critical and we need to invest more in these areas.

Funding needs to find its way down to local district & community level to develop Preventative approaches and Healthy Lifestyles programmes .... takes time, sustained effort and dedicated capacity that increasingly organisations do not have - so need to fund posts that give capacity to work with communities to develop local activities and solutions We could be a key player in developing community based support programmes at Cheltenham, Tewkesbury, County level - but need to work collaboratively with Health Commissioning to see what it needed and what works best

I have Parkinson's and I am convinced that being and feeling in control of the treatment I receive is very important. This doesn't mean that the health services don't have such a role to play, but it does require commitment from them and I don't think that all practitioners find it easy to treat the patient as an equal partner. The other big problem is the accessibility of services in a rural area for those without their own transport.

You will still need hospital beds no matter how much resources you put into community care. Spending loads of money on self-help is ok but is it cost effective and will you get better outcomes. I'm not convinced. I also believe that trying to tell people how they should live is not working. Diabetes rates are still going up. Also having worked with people with dementia, the amount of people I have seen who have had home care but have lost loads of weight, had falls is astounding. We should utilise care home beds that are free to to patients in hospital who are not complex cases and the staff at the home with some training can look after. We need less home care providers in the county. Concentrate a select few who have good CQC reports and you know give good outcomes for the patients. Invest in them they will attract good carers and you will save time and money checking on checking on loads of additional companies who some quite frankly are not good enough. When employing staff for health promotion forget healthcare professionals, I find it better to hear from someone who has got)had the condition who can tell you first hand. By all means mentor them using an health care professional and train them up

Prevention - lonely people become depressed and anxious. Men alone need HELP. Man in the kitchen or man in the shed. These classes could be men by volunteers as in U3A groups. I feel that that there should be subsidised classes for the over 60's - social masons. Sadly what we have now are thousands of lonely people who due to their circumstances are very alone and become ill as a result.

Having a permanent long term disability I would like to work with all the health specialists and my own GP to help me to help myself maintain a satisfactory standard of

health.
Possibly more public education about which conditions merit visits to A&E, and which conditions merit 999 calls.
The principles agreed in 2014 are excellent. Extend "healthy living/wellbeing" by encouraging people to walk more, be creative (art classes), take up an allotment - gentle exercise and growing their own healthy fresh food. BAN junk food/sugary things especially for children.
More education should be given on birth control - especially to men as they often refuse to take the easy option - the snip!! Over population causes its own problems!
With a joined up service people could be visited at home and maybe volunteers could meet their reds for shopping / preparing g food or just company
Cirencester Hospital should be viewed as a beacon of excellent community care. Very important to have joined up access to health records. Much more emphasis needed on physical education in schools and promotion of healthy lifestyles
People taking responsibility for their own health and the whole economy choosing wisely.
Public health interventions surely provide a long term solution to many current issues so must be properly funded within the NHS and not parked inside a Local Authority. We need to organise our 2 big hospitals for efficiency and quality rather than duplicate services to save another 10 mile drive. Social care and NHS funding should be joint and managed together. It cannot be placed in the local authority's hands as history shows it will not be protected. Significantly more investment is needed in mental health services so that this big slice of citizens are well cared for and so that the issues of mental health don't swamp other health services. That being said, all health services and pathways should be designed to support the quarter of our population with a mental illness to get good care for their eyes or their bones or their heart. Rum
Helping people to remain well and care for themselves as long as possible
The best way for the NHS to save money is if people don't get sick in the first place. Its been estimated that if we were to adopt the level of cycling that they have in Denmark it would save the NHS £17 Billion. http://www.cyclingweekly.co.uk/news/latest-news/cycling-save-nhs-17bn-says-british-cycling-report-140109 Then there is diet, fast food , fizzy pop, smoking, etc all of which impact health. The present government seem reluctant to act on this for fear of any negative impact on the free market economy or being accused of nanny stateism. Only if the cause of ill health is dealt with will health care become sustainable, savings will then just happen. Cutting beds, medication, staff etc will not make people better.
Bring back convalescent homes. Surgeries, where new ones are planned, provision for self- help groups (birth to infant school / health care), physio, new bereaved, redundant / long term unemployed. Groups, initially led by professionals with aim of members becoming active in development of group, involving complementary approaches - Reki, Reflexology , acupuncture, physio. Established practices becoming more open minded and incorporating where possible some of the above.
Preventative services are important. At the moment there is no post-diagnosis psychiatric support for people with autistic spectrum disorders (ASD) or ADHD.
Most important to me it that we have a joined up, easily accessible service which is properly staffed by experts and investment is made in preventative care, for example taxing the food industry properly re sugar, so foods which are bad for you are not available.

The importance of people taking responsibility for their health, but this does require health promotion. Joined up services and joined up budgets and sufficient staff to do the job. Good access to good services close to where one lives Increased residential / nursing care homes for people who no longer are able to stay in their own home.
Teach the population to be more self - resilient. Patients could be taught to carry out simple nursing procedures for themselves or family members. And the message needs to be given that this self- help is progress not regression. Families need to be taught to home nurse again. Obviously the very sick are in a different category
I don't think reducing the number of hospital beds is a good idea, although I would support the idea of additional community services, not at the expense of hospital beds. Not sure what you mean by supporting people to take more control of their own health, if it is weight loss through sports that would be good
We believe that access to nature is a critical driver of wellbeing and there is a broad peer reviewed evidence base to support this. Local natural assets are massively underused when it comes to healthcare and we would like to see tackling health and environmental priorities together becoming normalised across the system. While much of this is implicit in the initial draft of the STP for Gloucestershire, we would like a clearer and more explicit commitment to the value of natural assets in the document.
NOt enough about the transfer of money into the community /GP care from the acute hospitals. Not enough about informing the people of their responsibilities to themselves and their families
I do think on the whole that NHS in Gloucestershire is good but needs more money to spend in some areas that are lacking. Educate people before they get ill The medical profession should be informing people of the side effects of drugs. Is it best to keep the elderly people alive on drugs, but they have a poor quality of life? Let them choose?
I think more should be made of the benefits of getting outdoors and being active. Here at the Cotswold Conservation Board we offer volunteer opportunities to more than 350 volunteers, who help us look after the Cotswold Way and the wider landscape. We are also working with doctors in Dursley to create prescription walks to encourage people to take small steps to being more active. Is it possible to divert some funding to support more social prescribing? There are a range of environmental organisations who offer health walks, volunteering and skills development courses to get people outdoors and active. The benefits of being out in the fresh air enjoying the environment are well documented for mental and physical wellbeing.
Social prescribing needs to be more rigorously investigated and if shown to be beneficial more widely available.
Some of the questions in this survey are leading questions creating the impression that the survey is just to illicit support for the plans, this does not give me faith that this is anything but a tick box exercise. Having seen other STP plans, there are similar themes which makes me cynical about the political agenda behind this work. I agree that the NHS is beyond capacity but there appears to be little if any discussion about the work that local government could and should be doing to make significant changes to the prevention agenda. By placing the onus on individuals to make changes there needs to be the policy structures in place to make it Easy, Attractive and Sociable for people to change. For decades, emphasising personal responsibility has been the approach to improving health without offering the central government policy approaches to support this very much needed behaviour change. I can guarantee that most STPs will fail because there is not the bravery centrally to take appropriate action (regardless of political leaning). To address the lifestyle issues there needs to be, for example: education in schools that considers the whole child and the pressure taken of academia

and more focus on happy and healthy as the route to learning; far more stringent regulation of the food and alcohol industries (tobacco pricing is one of the successes at influencing behaviour change but this has taken decades); A massive step change in our approach to travel making walking and cycling the preferred norm and financially beneficial option. Most of these cannot be achieved by Gloucestershire alone, so the lifestyle changes needed are likely to be unattainable. The most likely successful initiatives are work on the whole systems obesity approach (although there was little reference to local government, planning for health, housing within this), the daily mile (if implemented carefully and not resulting in some children being turned off physical activity for life) and reducing smoking in pregnancy. Good luck.

Provides the opportunity to make some bold and difficult decisions that will ensure services are sustainable into the future. Some of these will be clearly unpopular with some members of the public, but if you are transparent in your approach and take the time to communicate the reasons behind your decisions, most people will understand. Health promotion and education is more of a challenge, with results being more long term - however, investment in this now is essential if we are going to achieve anything like the "culture change" that is required. I completely agree with developing community services as an approach, but in my experience this requires some substantial shift in the mind-set of "staff on the ground". Many will continue to work in the same way as they always have - resulting in the same outcome. The NHS needs to be less risk adverse and innovative in its solutions to problems - I feel it is often constrained by history and local politics. It needs to be less tied to existing buildings and ways of working if you are truly going to achieve the change that is required. With regard to reducing waste, you also need to look at your own practice. I have a number of family members and friends who have tried to return unused items (even ones they didn't ask for!), or items that could be recycled, to be told that they can't be returned and they should throw them away. This doesn't encourage people to "help" as you suggest in your information. It's not all about medicine.