Nottinghamshire County Council

Public Health Commissioning Intentions 2020

Consultation report

September 2018

Bassetlaw District

Bassetlaw Commissioning Intentions 2020 Consultation Report

This is a summary report of the findings from Bassetlaw, the full consultation report can be found on Nottinghamshire Insight.

The consultation for the Commissioning Intentions 2020 programme was launched on 8th June 2018 and remained open until 9th August 2018.

The consultation consisted of an online survey accessed through the Nottinghamshire County Council consultation hub, and six consultation events held in Bassetlaw, Mansfield and Rushcliffe. These events took the form of presentations, with a large amount of interaction and feedback from delegates. Both the online consultation and the events were open to all, and as such a number of both professionals and the wider public attended.

Wider consultation took place with Nottinghamshire Deaf Society, and also with young people through Nottinghamshire County Council's Youth Service. LGBT (Nottingham Pride).

Further consultation was sought through engaging Nottinghamshire Healthwatch to seek the views of 'lesser heard voices' and those who don't traditionally engage in consultation. A total of 8 focus groups took place with 66 attendees.

A total of **1044** responses were received through the online questionnaire and **71** people attended the consultation events.

Responses from the consultation process were used to inform the design of the Integrated Wellbeing Service model.

The following results are taken from the **103** responses received from Bassetlaw residents.

Below each chart is an example of the qualitative feedback attributed to each question from Bassetlaw residents. If no comments are present then none were requested.

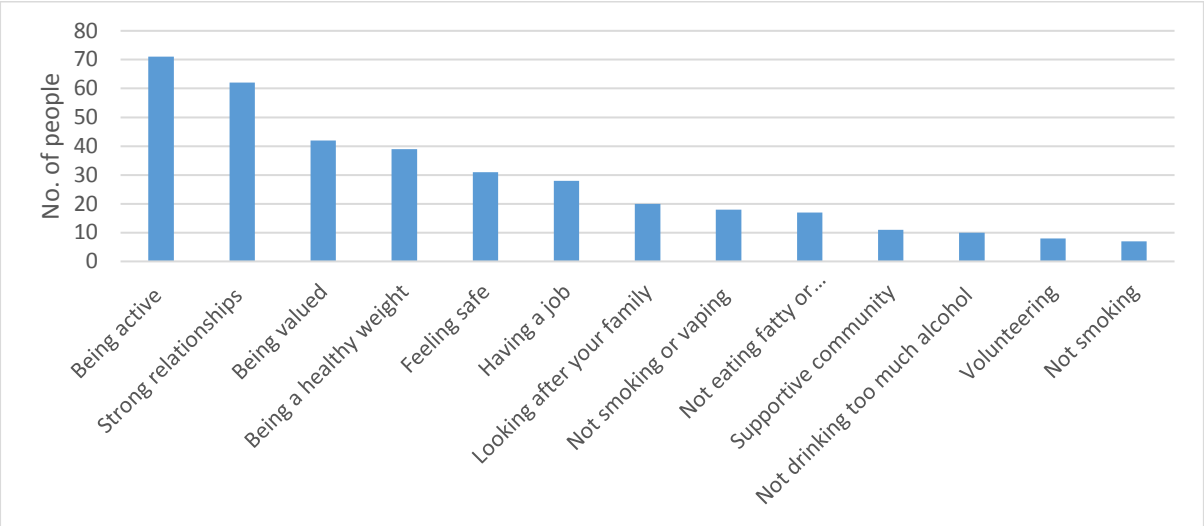
In Bassetlaw, less in supportive community, higher desire for face – to – face individual support than other districts. In addition, there was little desire to access online services compared to neighbouring districts.

All other local measures reflect the results of the wider consultation.

The full consultation report and the full Healthwatch report are available at: www.nottinghamshireinsight.org.uk

If you require any further information please contact patrick.meakin@nottscc.gov.uk

What do you think improves your wellbeing and makes you feel good?

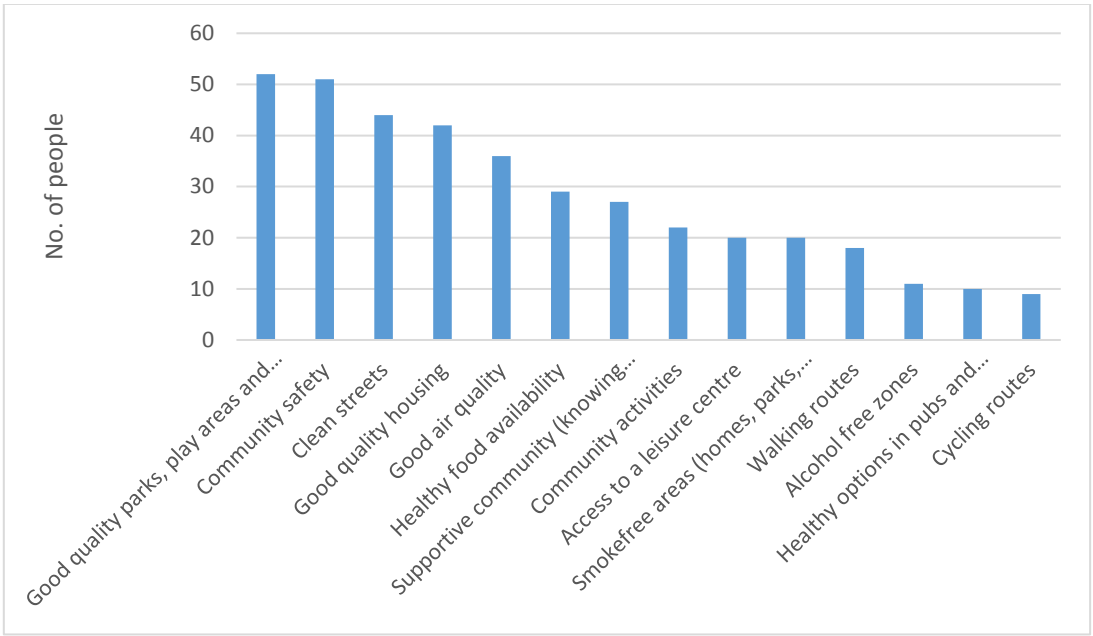


"Community involvement and a good aesthetically pleasant and natural environment."

"Well-being, to me, includes a two way relationship with God made known in Jesus by the Holy Spirit; mental well-being; physical well-being, creativity and two way relationships with those around me, near and far."

"Work life balance"

What do you think improves the wellbeing of your community?



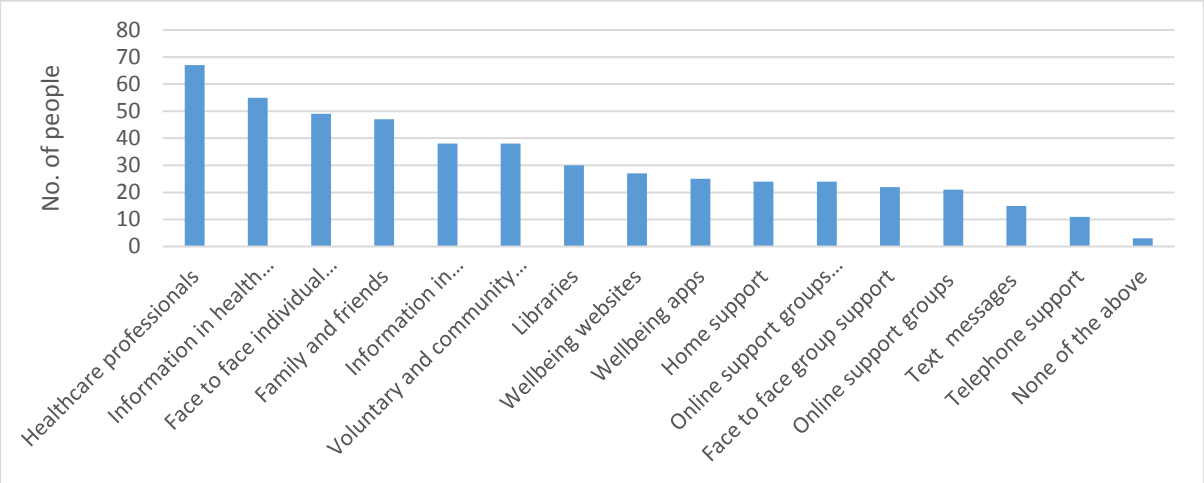
"We have beggars on our streets and drunks who swear and intimidate the people who just want to use the town centre (Worksop). I am a supporter of town centre shopping but the experience leaves me not too keen to return!!"

"The school being a big part of the community"

"For me as a vulnerable adult who has been the victim of crime several times, community safety is important. "

"The Pegasus scheme should be more widely promoted."

What information and support would you prefer to use to help improve and maintain your wellbeing?

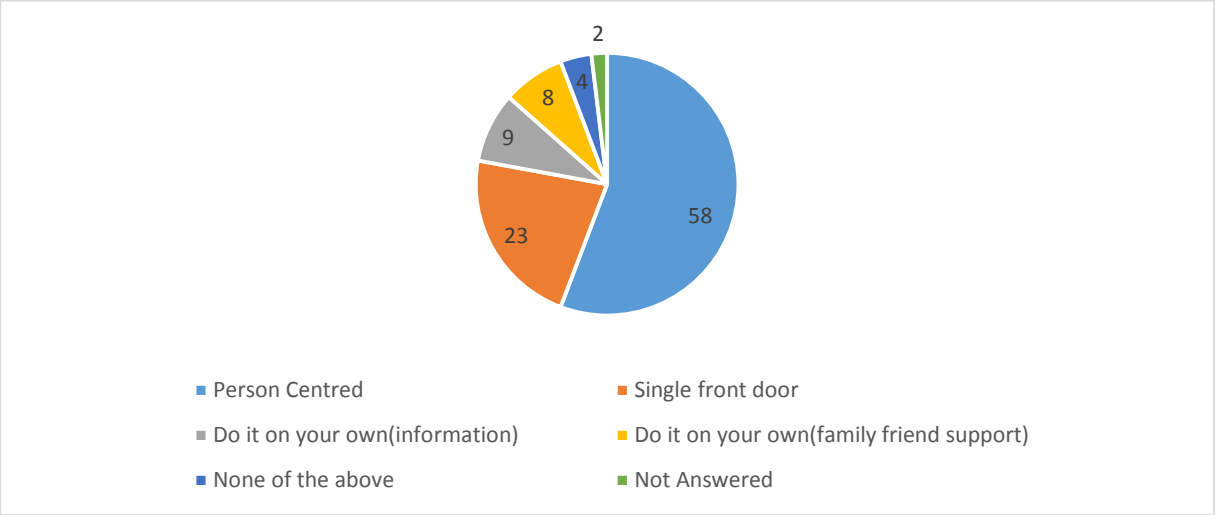


"Telephonic access to real professionals who can give accurate health advice."

"One place to find contact numbers for services that accept self-referral eg, Insight well-being."

"I am fortunate with my family and don't need access at this moment in my life to the above. However, should I ever feel the need I would personally consider Voluntary Groups or Hobbies and Interests. I find a lot of information relating to these out the Life Magazine which I think is invaluable to the local area and businesses."

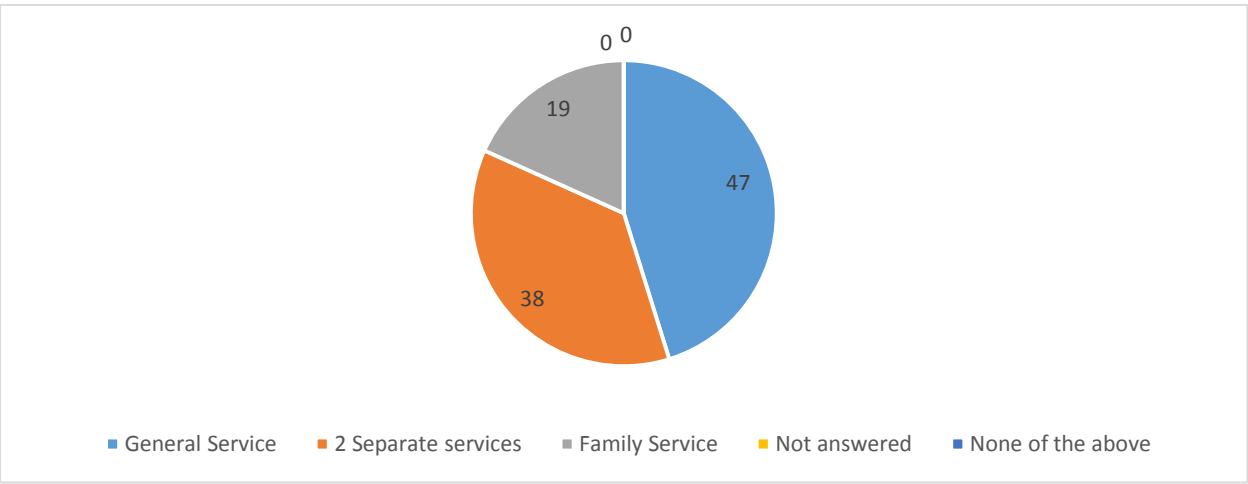
If you wanted to change your health behaviours which of the following would you prefer to go to?



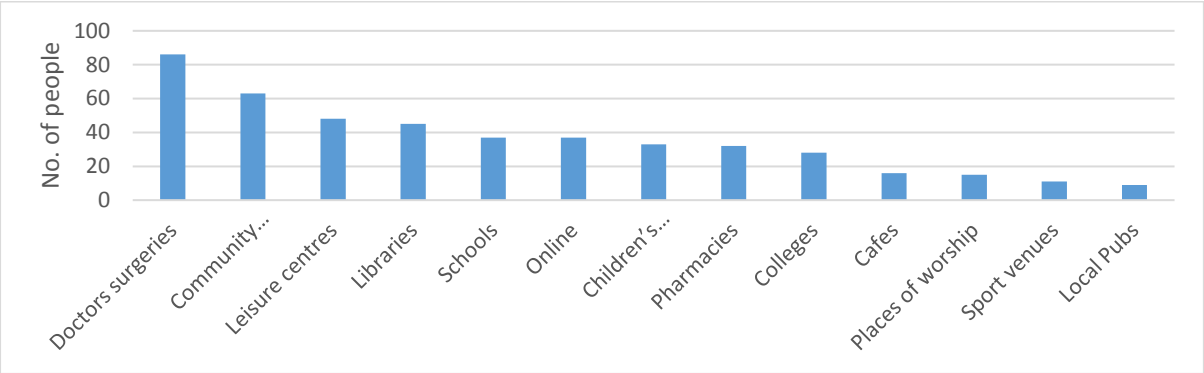
"It would be better to locally co-ordinate (at District level) the range of services, groups etc. rather than creating a new service to compete with existing local groups. This can then provide a single access point (person centred) for people."

"An NHS run service that has an initial appointment then sends you to the most appropriate services depending on the help that you require. A service that can be accessed by referral from GP/nurse and self-referral."

Who should the Integrated Wellbeing Service be for?



Where would you like to access an Integrated Wellbeing Service?

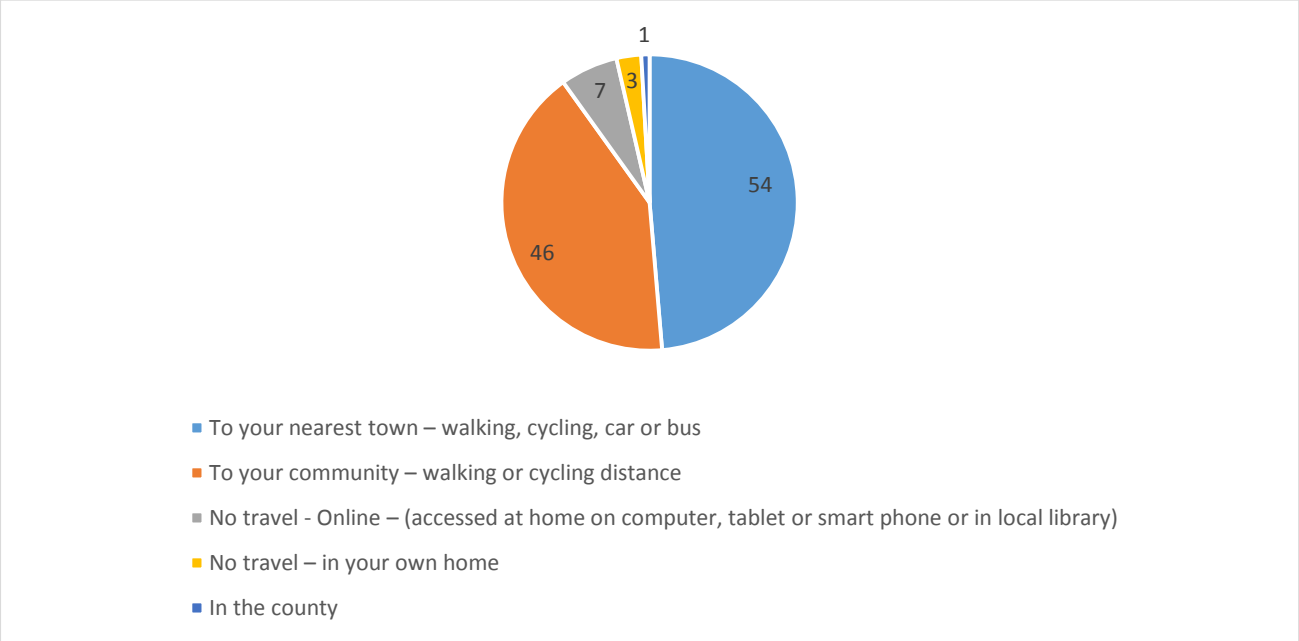


"I hope the top one includes Village Halls!!"

"Rural areas do not always have halls/pubs other community facilities - the postal service or mobile libraries are, for some, their only point of contact."

"Specific areas for where there is a specialism such as Citizens Advice."

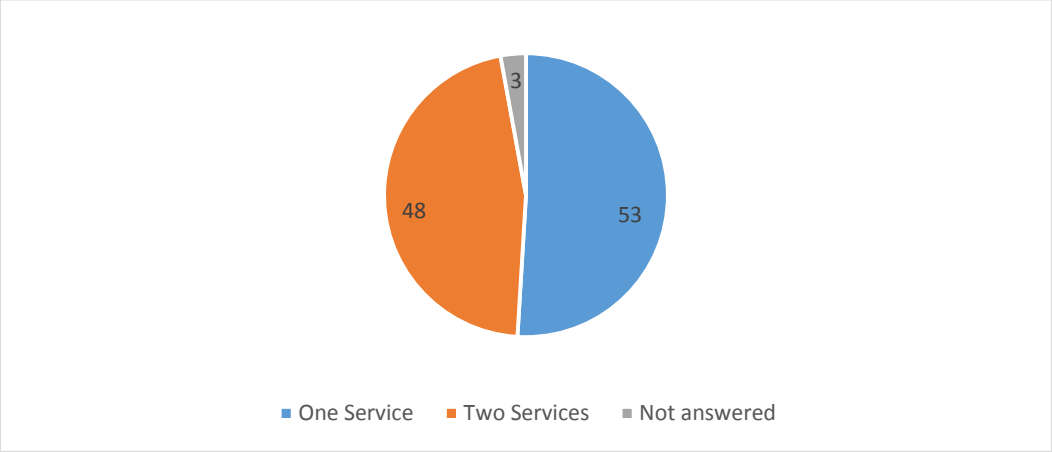
How far would you travel to use the Integrated Wellbeing Service?



"MUST be no further than walking distance so not as to prejudice disabled and old people"

"The online information would include details of the nearest specialist who could help so that distance would not be a significant issue."

How should the Substance Misuse Services be provided?

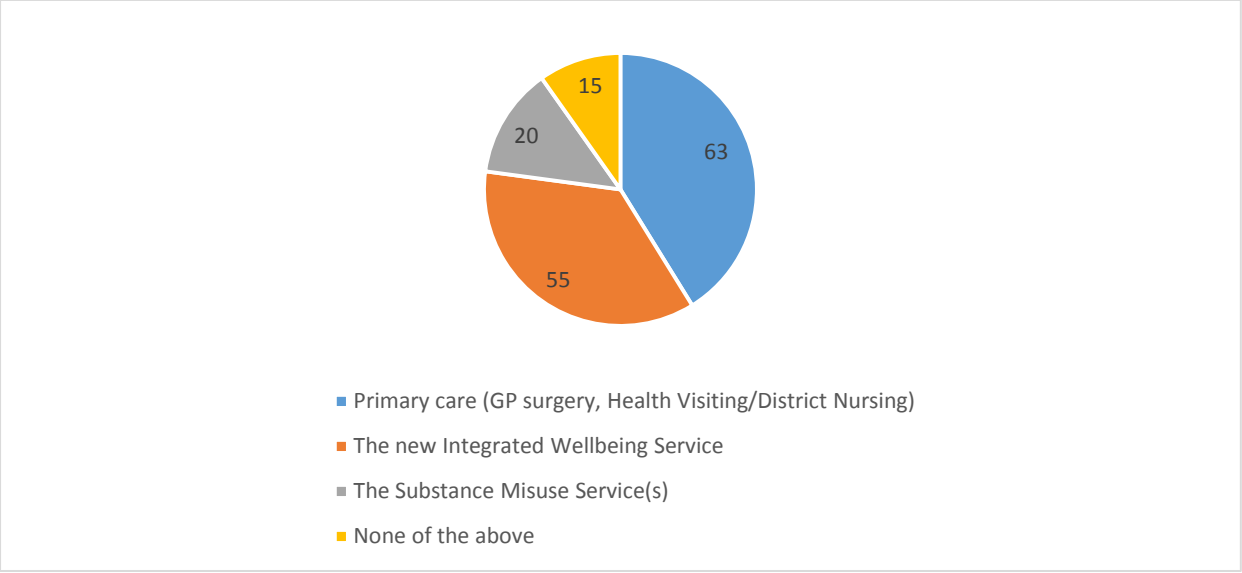


"If I were to choose it would be as a 'single service', it's a fine line to segregate people and leads to 'turning people away'."

"There must be evidence to show which has the best outcomes."

"Two services could be provided by one provider or, even better, a single point of access to a co-ordinating organisation at District level"

Where would you go to get treatment for low level alcohol use?



Summary:

Consultation respondents believe that being active is important, along with strong relations and a sense of being valued. The wider environment is key, with community safety, cleanliness and the provision of parks seen as top priorities.

Healthcare professionals would be the first point of contact but there are also strong roles for family and friends as well as wider health settings. There is a preference for face-to-face interventions as well as support for group sessions.

There was clear support for a person centred service rather than a single front door option, with both this and going it alone scoring similarly.

When asked who the new service may cater for respondents indicated that an all age service would be preferable, although over a third supported separate services for adults and children & young people.

Doctor's surgeries were identified as the most popular venue for the new service, with community and leisure venues closely following. Other venues showing strong support were libraries, schools, pharmacies and online support.

The consultation showed strong support for a locally based service. The overwhelming majority of respondents indicated that a service based either in their community or nearest town would be preferred.

In considering the Substance Misuse Service, one all age service was marginally preferred to having two separate services.

When asked about where to go for support around alcohol, respondents indicated they would use the new integrated service or primary care to address this. Less support was shown for attending the Substance Misuse Service for problems with alcohol.

Around 1 in 10 respondents had actually used lifestyle services in the past. Those that had attended local gyms, Changepoint weight management service, or Slimming World as a result of a Changepoint referral. Being more active, feeling less stress and weight loss were listed as positive outcomes with a majority suggesting they had been successful in reaching their targets.

Demographics and reach:

Of 1044 respondents, three quarters were female, with an age range of 45-75 accounting for over two thirds of all consultees. Gedling, Newark & Sherwood and Rushcliffe provided the largest number of respondents but there was a good representation from all districts. It is worth considering that further consultation will be taking place with young people and that this may affect the overall results. Around ten percent of respondents reported having a disability.

Qualitative results:

Qualitative responses could be broadly split into six themes; Access & transport; environment; health and services; individuals and community; knowledge and resources.

Common issues raised included public transport, provision of parks and green spaces, primary care and mental wellbeing, costs, personal responsibility, awareness of services and funding levels.

Healthwatch Summary:

Participants in the Healthwatch focus groups presented with a number of health behaviours including smoking, obesity, alcohol use and low level mental wellbeing issues. As such they had experience of accessing services, and the barriers and solutions involved.

Locally, focus groups took place with an LGBT Group at **The Centre Place**, and a dementia carer's group at **The Crossing**.

Issues raised here included transport, anxiety around accessing services, wider determinants of health such as good housing and the relationship between mental health and negative health behaviours.

Participants identified that they would like services to be available locally and within primary care in a face-to-face model. Few in this cohort mentioned the internet or telephone as a method of engagement.

An integrated service was preferred, favouring a community based 'one stop shop'. Younger participants were mindful that their needs may not be met within a family based model as they may find it embarrassing to discuss issues in front of family.