Nottinghamshire County Council

Public Health Commissioning Intentions 2020

Consultation report

September 2018

Broxtowe District

Broxtowe Commissioning Intentions 2020 Consultation Report

This is a summary report of the findings from Broxtowe, 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 **98** responses received from Broxtowe residents.

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

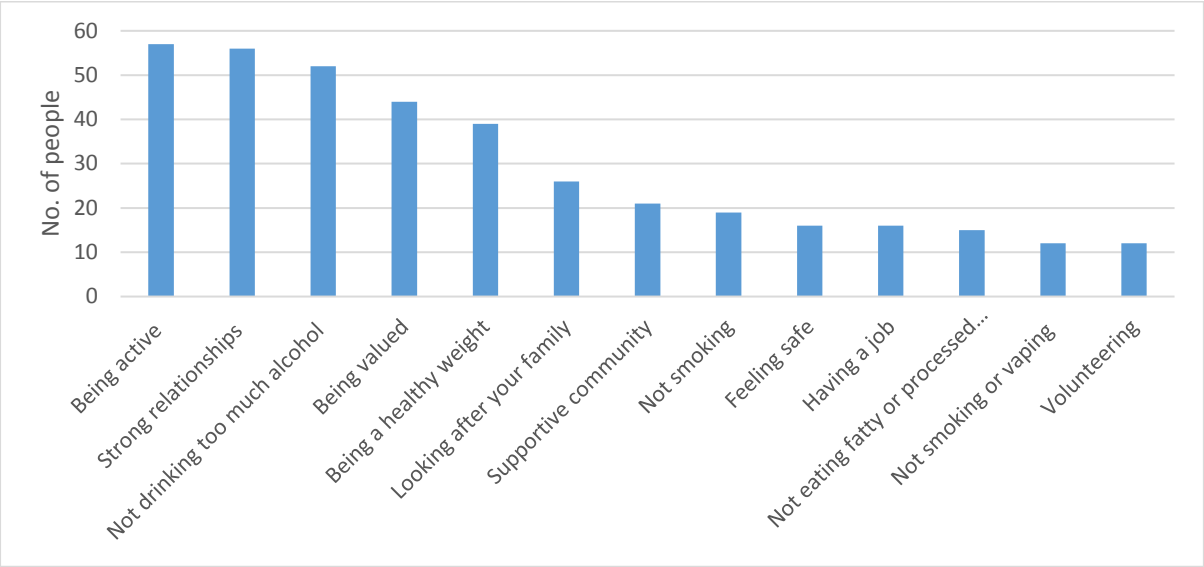
In Broxtowe not drinking too much alcohol was seen as much more important than in other districts, where it scored poorly as a health priority. The local environment and local services, community safety and community venues were all important to Broxtowe residents.

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?

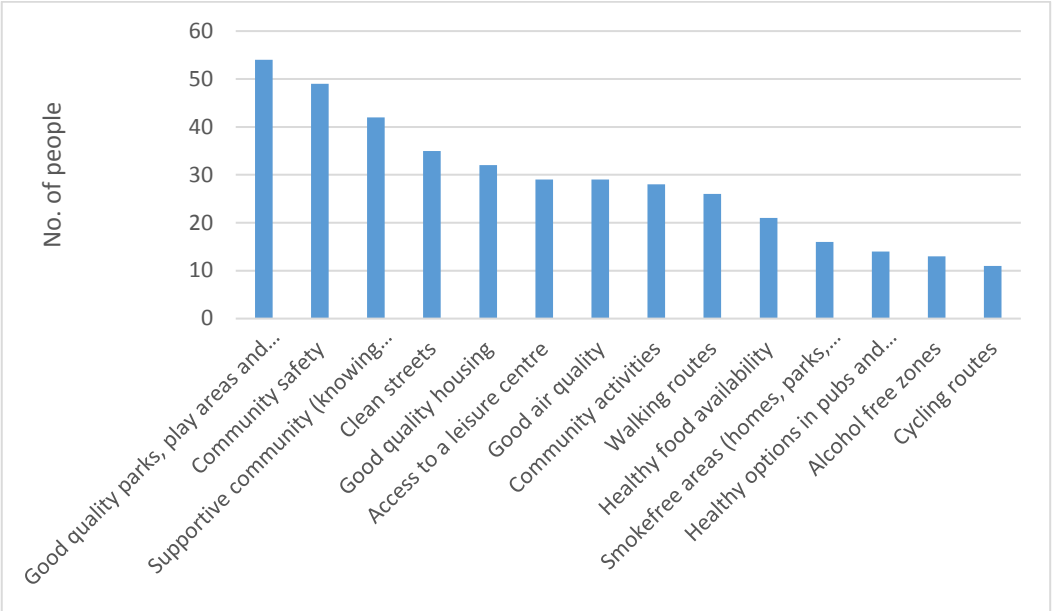


"It is important to feel you belong within your community. These values encourage good health and confidence and eliminates negativity, loneliness and isolation"

"Getting out of the house and four walls to meet and communicate with others - even on a bus or tram and have a chat and share a smile."

"Meditation"

What do you think improves the wellbeing of your community?

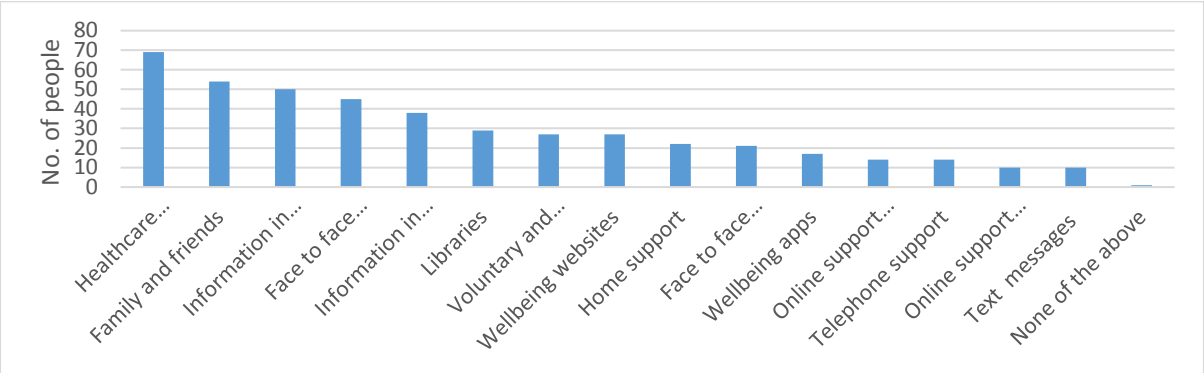


"Having a library that is open, well stocked and has other activities on its site. Having a children's centre that encompasses many of the activities listed here."

"Making the area nice again we're I live. It starting to look neglected when you look around. It looks poor"

"Opportunity to take part in walks e.g. Walk and Talk, this gets you out in your local area, meet new people and enjoy the fresh air, whilst exercising"

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

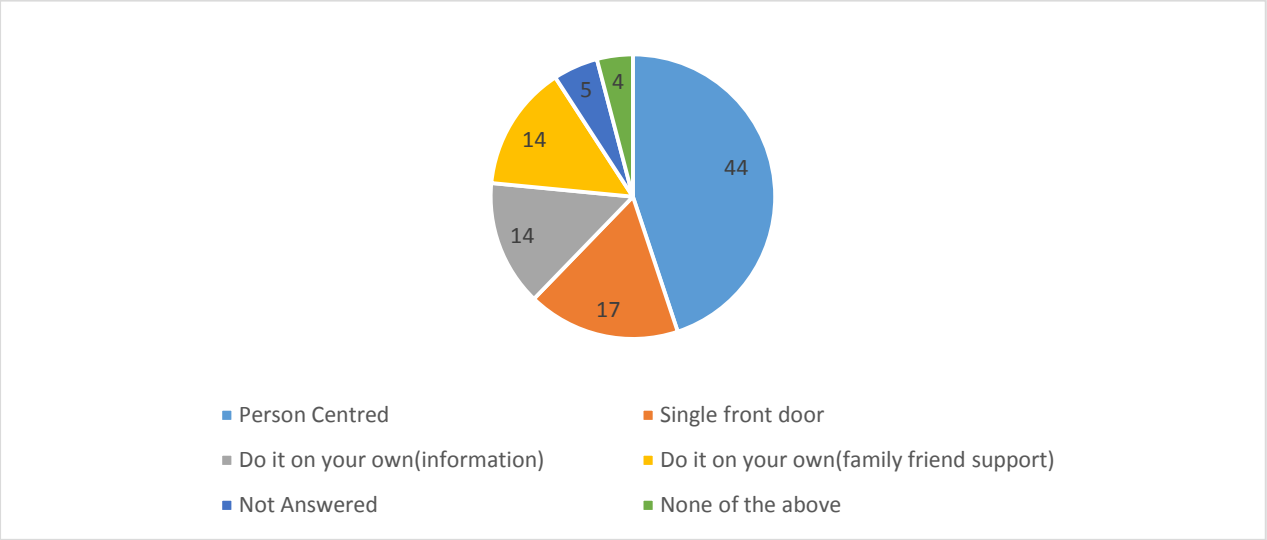


"A neighbourhood online service would be good, telling one-another what is on, walks etc. also asking if anyone wants to join a walking group or might accompany another to an event etc. It is also good for recommending people such as a gardener or cleaner."

"Strava is very helpful in motivating me to get out and be physically active"

"More community support officers"

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

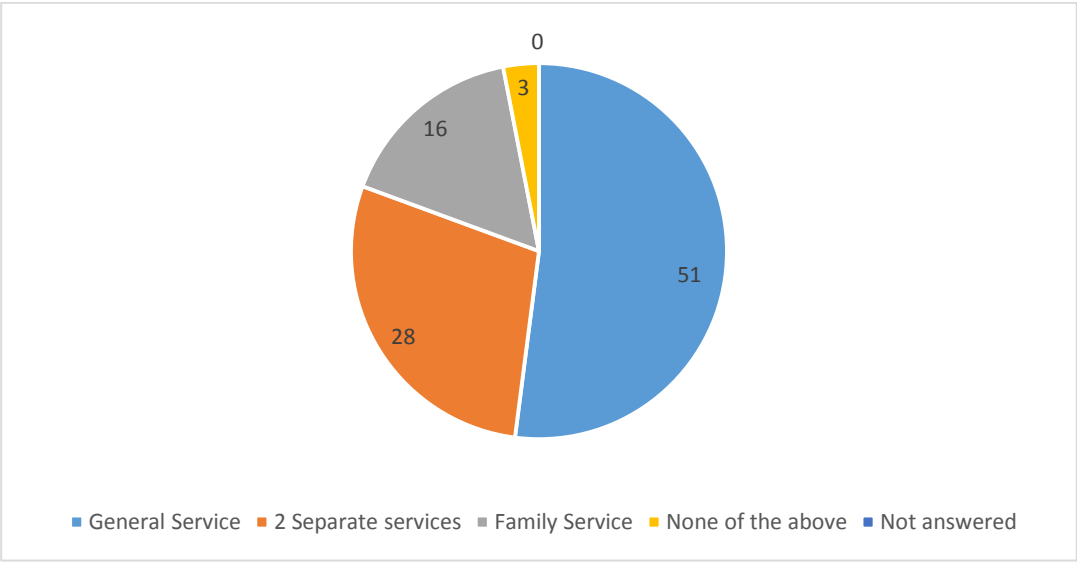


"Going to lots of different places for things doesn't work - I wouldn't have the time to access a number of different services nor would I want to access one service but have to see different people who can only see me at different time in one place."

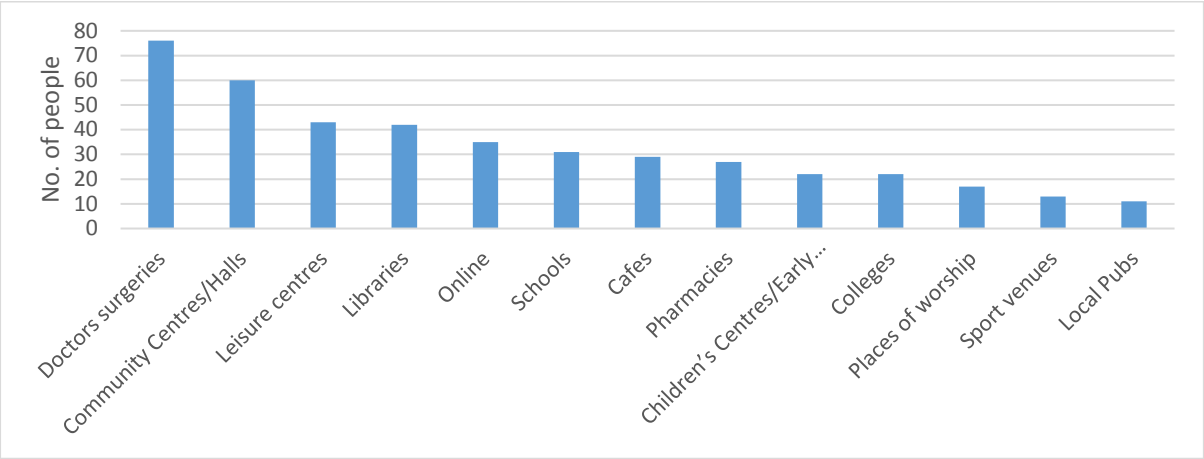
"One stop shop not lots of different appointments"

"Providing apps or information websites on how to make changes will not actually make much different. Current reviews of study show that they are less effective without proper support (face to face or personal interaction)."

Who should the Integrated Wellbeing Service be for?



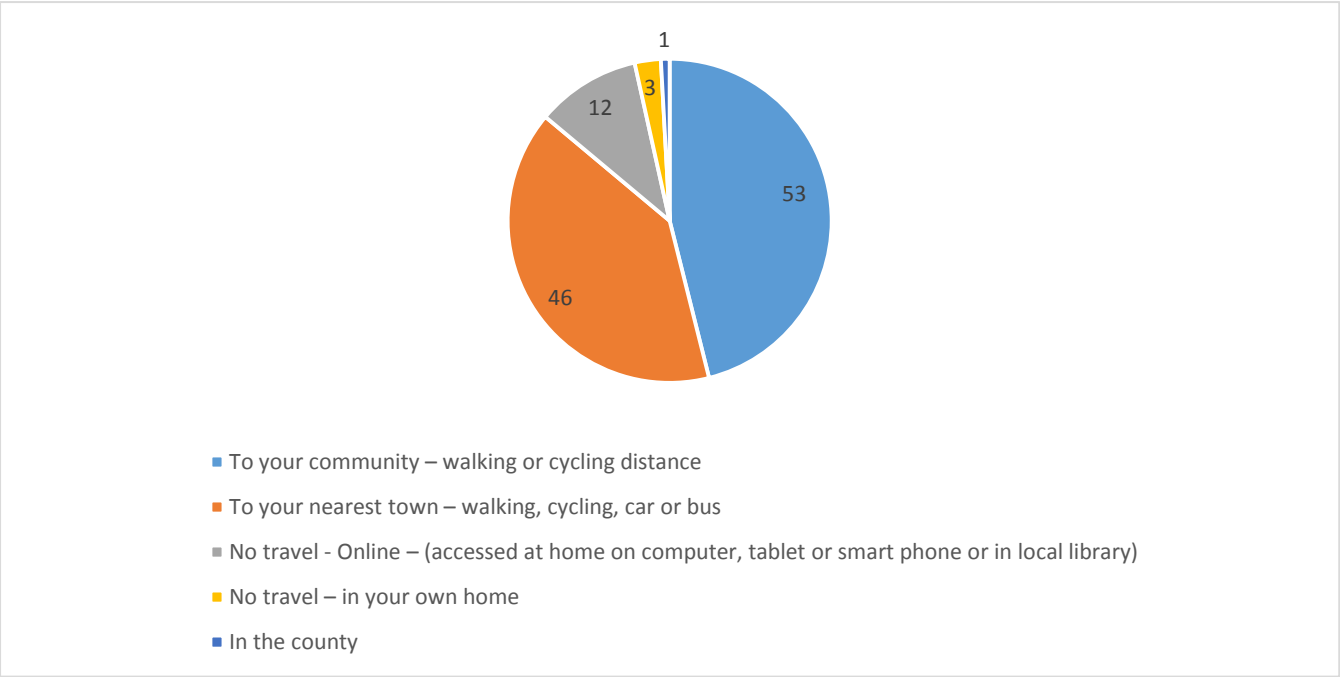
Where would you like to access an Integrated Wellbeing Service?



"Any opportunity to get people together, chat, share and learn is a good thing. Any social place would be good - it would break down stigmas to meet in cafes/pubs - where appropriate, taking in to account religious considerations for some in the community"

"The health centre if in Stapleford because it's big enough. Otherwise in a place accessible to many - near a bus stop for instance."

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

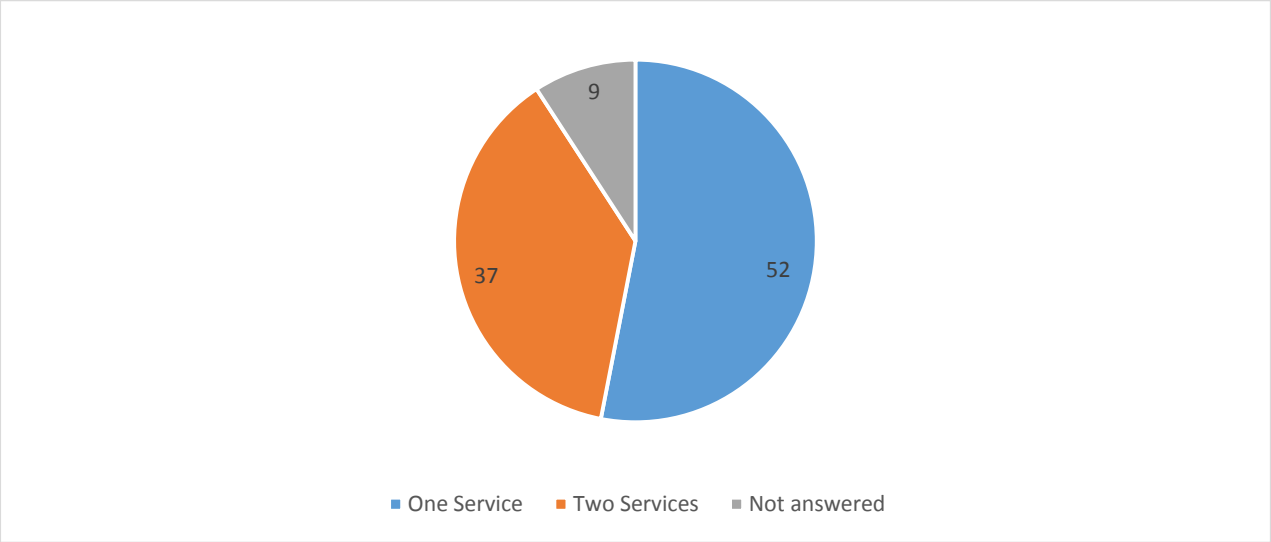


"Carers to help get me there in suitable vehicles."

"Community includes workplace"

"Unlikely that you can be within walking distance of everyone, unless you have the service in every street!"

How should the Substance Misuse Services be provided?

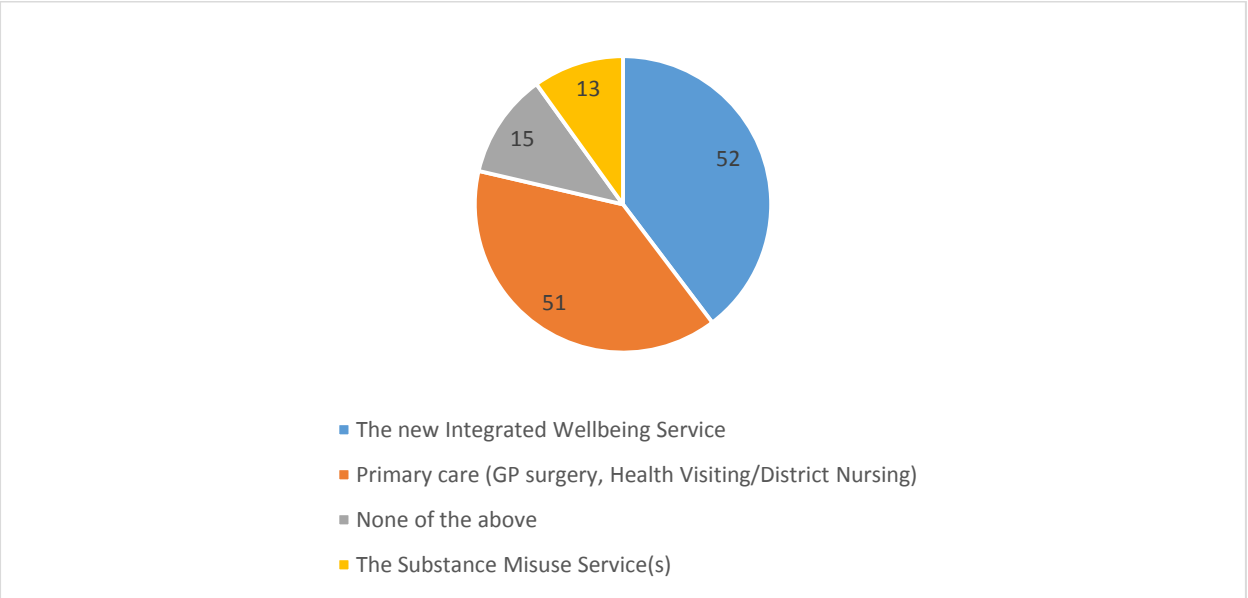


"A one service might help continuing care from one age group to another, but might also be or feel obvious about where they are going."

"Inform youngsters in school and college that this a crime and if they are caught they punished with a goal sentence, and make it clear that public money shall be used to help them"

"Services need to be more local-especially for rural villages. sometimes young people get lost as they transfer to adult services-services need to be seamless and staff need to be skilled in working with all age groups in terms of communication and access"

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 the **Eastwood Baptist Church's Over 65's Group**.

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.