Nottinghamshire County Council

Public Health Commissioning Intentions 2020

Consultation report

September 2018

Gedling District

Gedling Commissioning Intentions 2020 Consultation Report

This is a summary report of the findings from Gedling, 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 **174** responses received from Gedling residents.

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

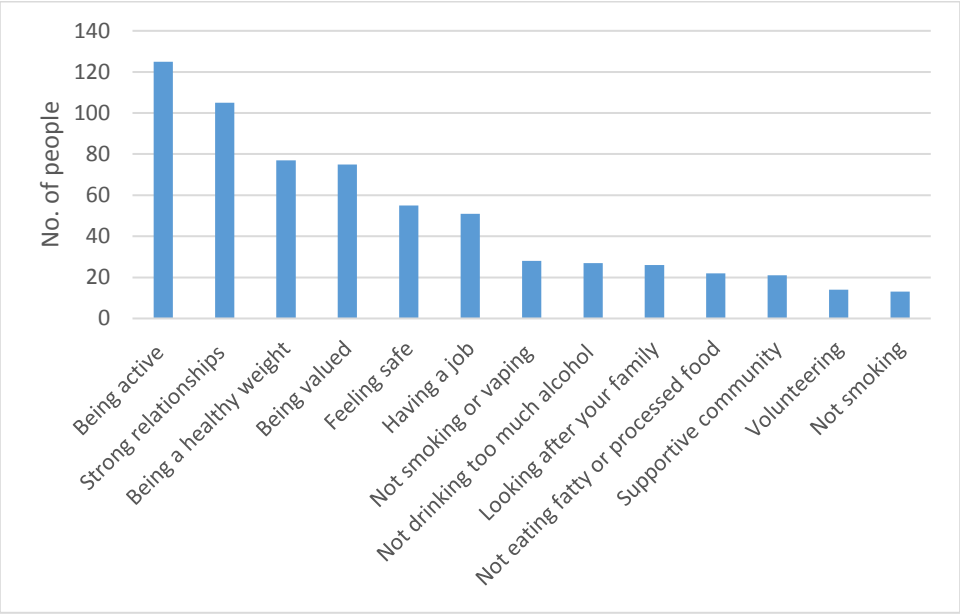
In Gedling being active and having strong relationships were seen as key to health and wellbeing. Parks and green spaces were a clear choice for community wellbeing, along with safety, clean streets and a supportive community. Primary care, community and leisure centres were regarded as key venues for wellbeing services.

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?

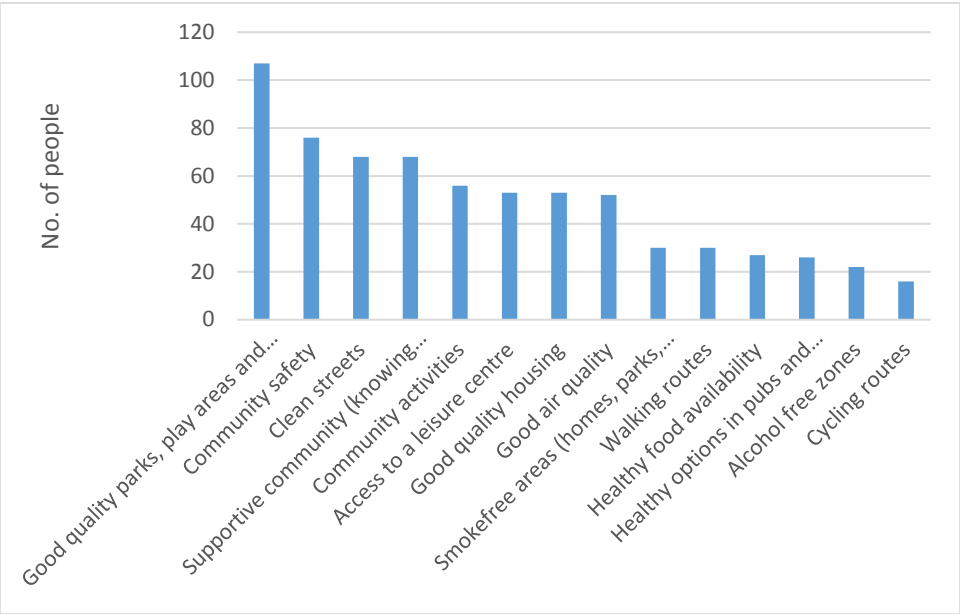


"Speaking to a person when you need advice or information and not to automated voices."

"Joining in groups of therapeutic activities, e.g. all kinds of crafts, activity classes, music."

"A good high quality environment: good air quality/low air pollution levels, low noise levels (from traffic/transport/licensed premises/noisy neighbours)."

What do you think improves the wellbeing of your community?



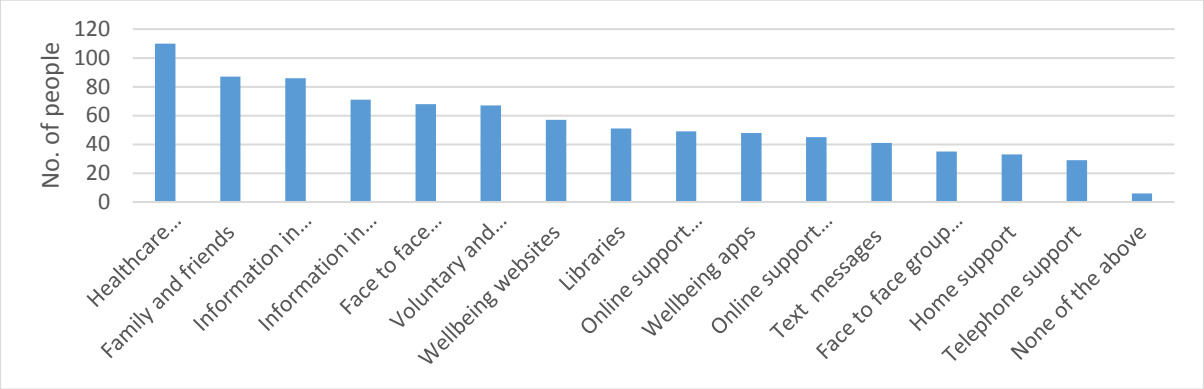
"Knowing what is available, accessible venues, public transport that is functional for those living beyond Nottingham city centre, reliable community transport for older residents, provision of affordable activities and of regular meals for children are all vital for the wellbeing of a community."

"A local centre where I can go to get information on local services, support groups, etc. – e.g. the library"

"Having alternative cocktails and drinks instead of alcohol in a pub atmosphere and the option of coffee tea and chocolate drinks may give those who are afraid to be seen without a drink in hand may encourage a reduction in alcohol consumption."

"Existence of green and open spaces nearby. These should be easily accessible, not too organised e.g. Walks through open countryside and places to get away from crowds of people. Nearby parking is essential."

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



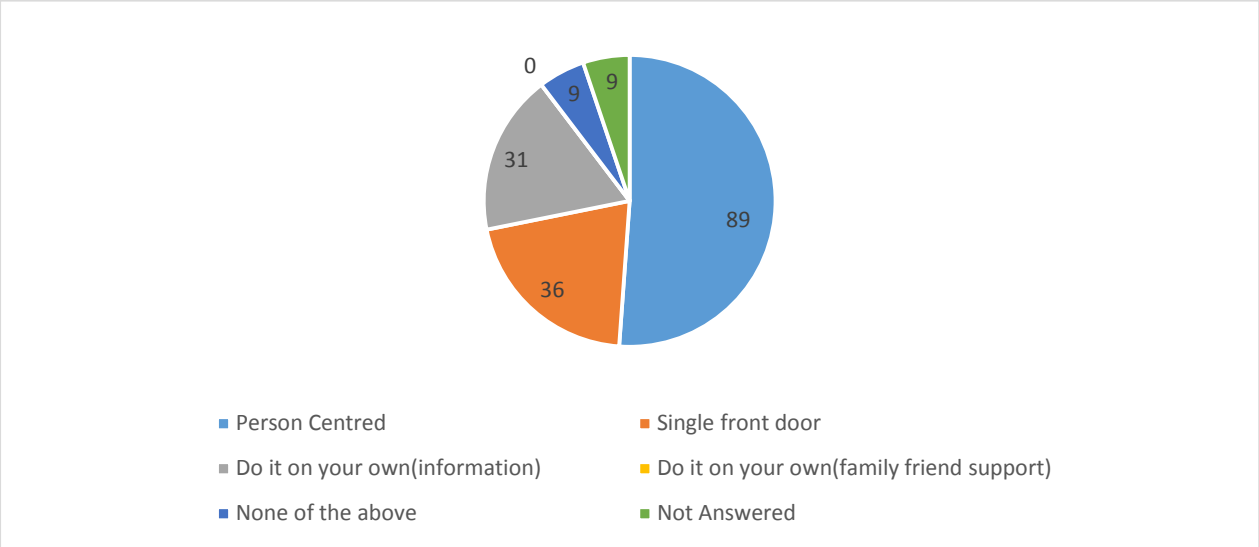
"A co-ordination between the many services of physical and mental health, so people in need are not having to pursue help and be pushed from pillar to post."

"Good co-ordination between different council authorities so people in intense or acute need can be followed up without the whole process stopping and then having to begin again."

"Immediate access to the right people/information when required."

"Whole family health and well-being services, combined social and healthcare assessments"

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



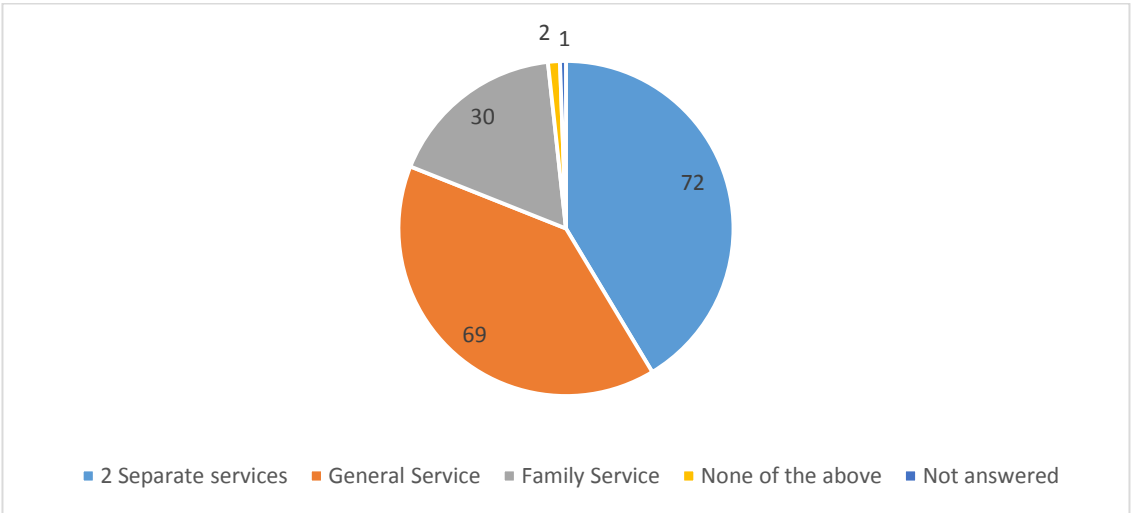
"There isn't a 'one size fits all' solution for this question. The first thing, how do we get information to people who are reluctant to access services or those that don't see the future difficulties they are building up for themselves."

"Community and third sector holistic services"

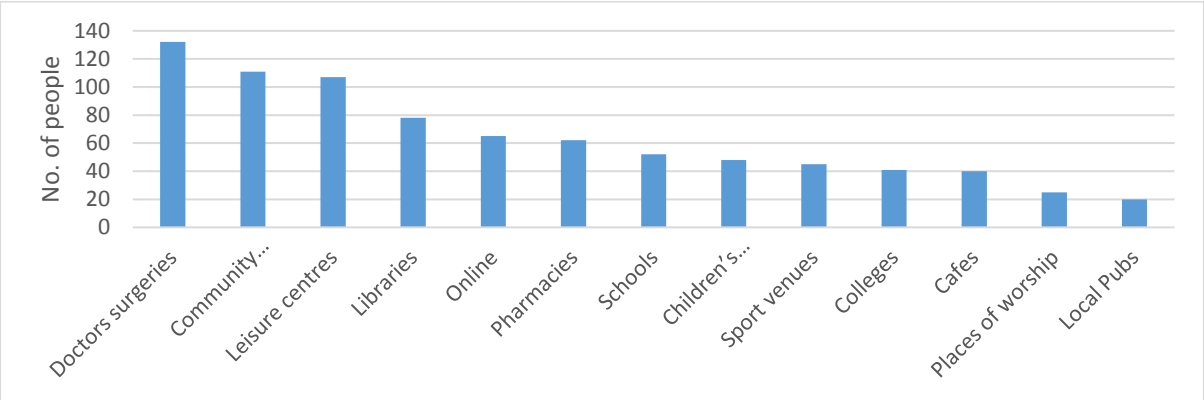
"Online resources, with advice/recommendations"

"Peer support networks - people who have achieved change being trained to support people in their local community to achieve their own goals and objectives"

Who should the Integrated Wellbeing Service be for?



Where would you like to access an Integrated Wellbeing Service?

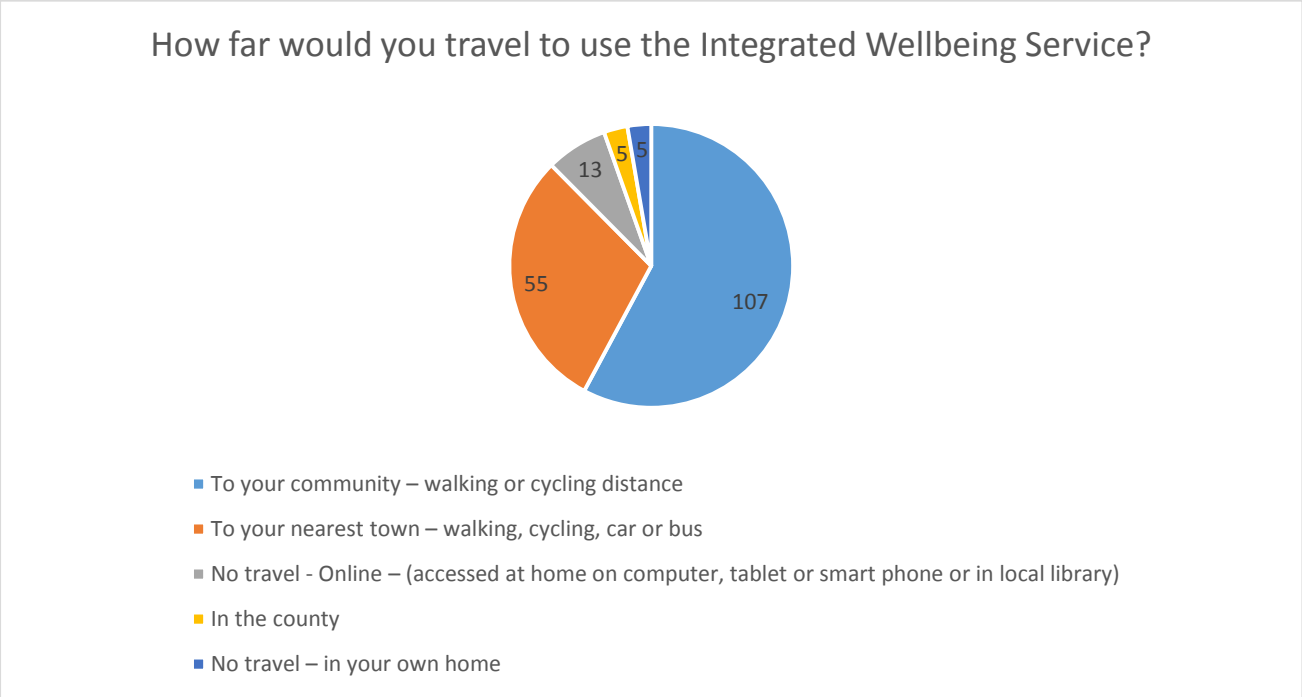


"Workplace links supported by the midlands Engine - Encourage people to access wellbeing services in the places they spend the most time. If supported and encouraged by employers this could not only improve individual circumstances, including prevention but also aid in people remaining in work for longer with reduced sickness absence."

"Parks e.g. Gedling Country Park"

"Any venue that is easily accessible to the community, has suitable rooms for individual consultations and appropriate equipment e.g. scales."

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

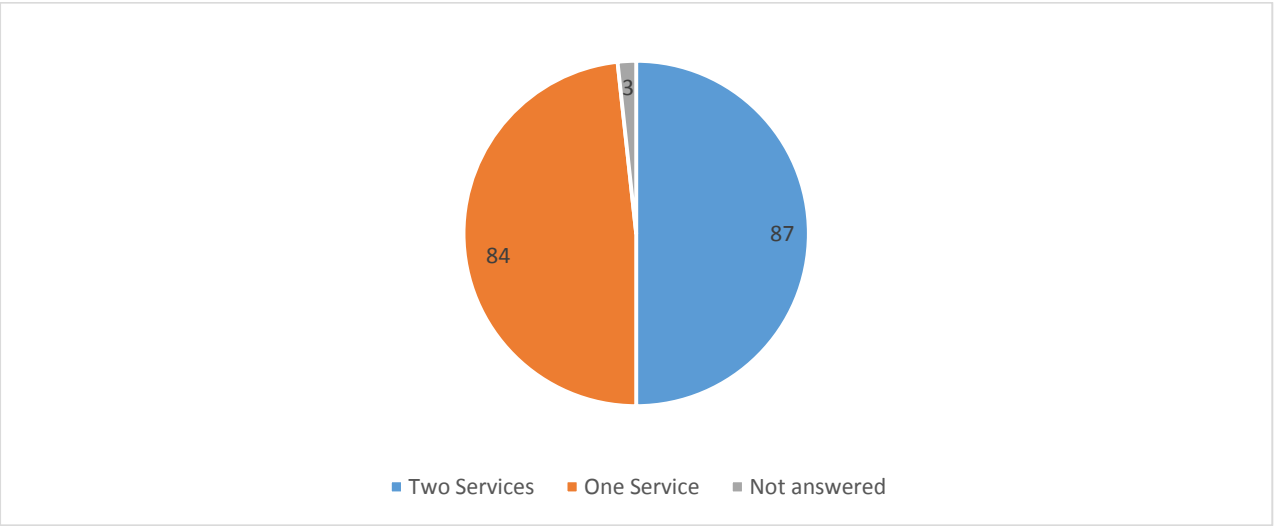


"All are feasible, depending on the availability of transport."

"I would look for what I needed if I felt I needed it."

"The more local the better as people live very busy lives and in some instances budgetary constraints may affect people's ability to travel."

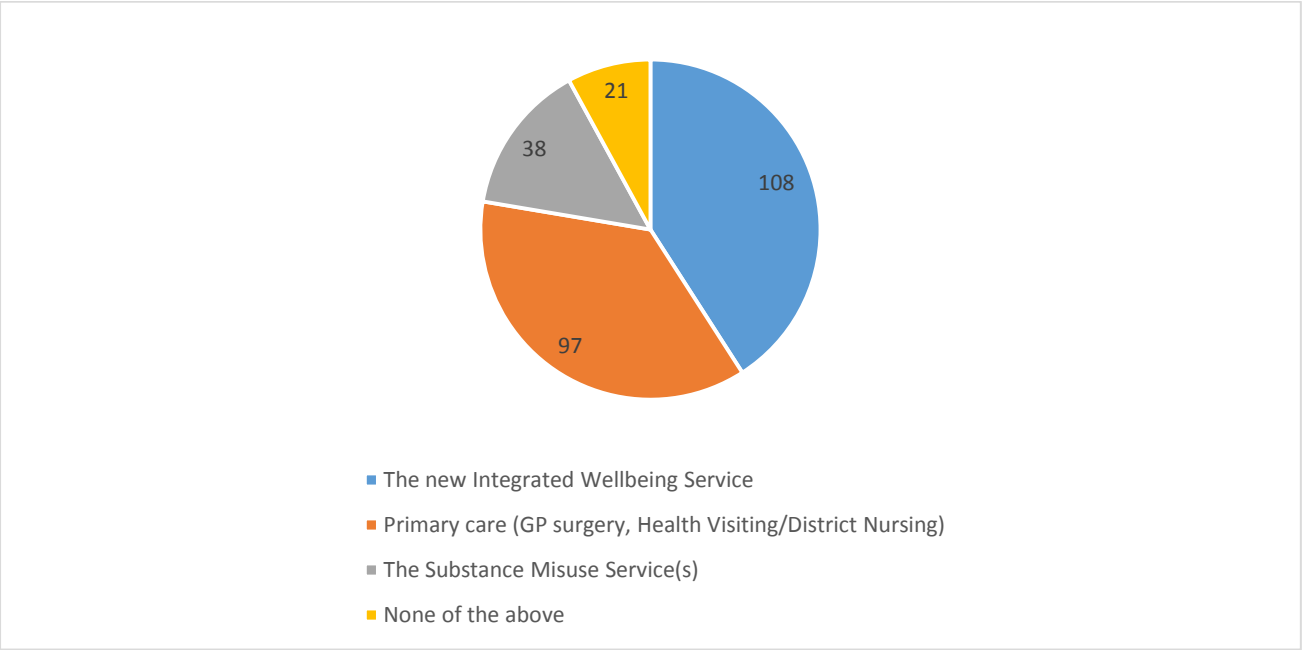
How should the Substance Misuse Services be provided?



"However specialisms would be needed and YP safeguarded"

"I am not sure about this as I am not familiar with what actually works best for those who use this service. I am aware though that younger people have different issues to older people."

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



"There may be stigma attached to low level alcohol use uses accessing same site as drugs users so not certain if age is the right criteria"

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 groups at **Arnold Methodist Church and The Pit Micropub** .

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.