Nottinghamshire County Council

Public Health Commissioning Intentions 2020

Consultation report

September 2018

Newark & Sherwood District

Newark and Sherwood Commissioning Intentions 2020 Consultation Report

This is a summary report of the findings from Newark & Sherwood, 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 **168** responses received from Newark & Sherwood residents.

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

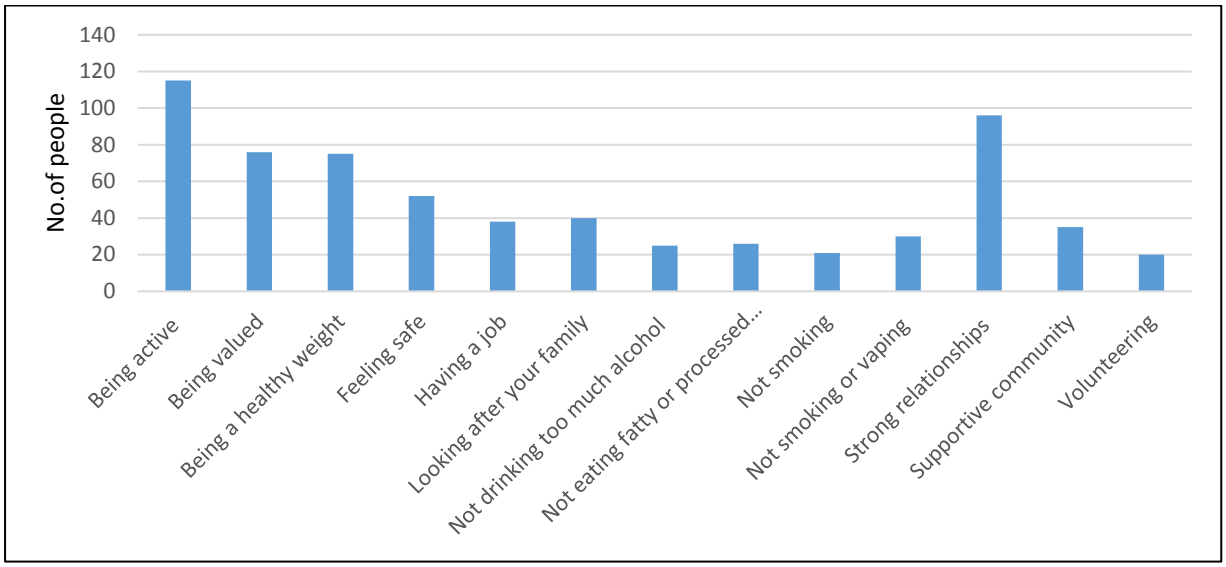
In the wider consultation, community safety was seen as the second most important factor when considering community wellbeing. In Newark & Sherwood the top three are parks and green space, supportive community and green space.

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?

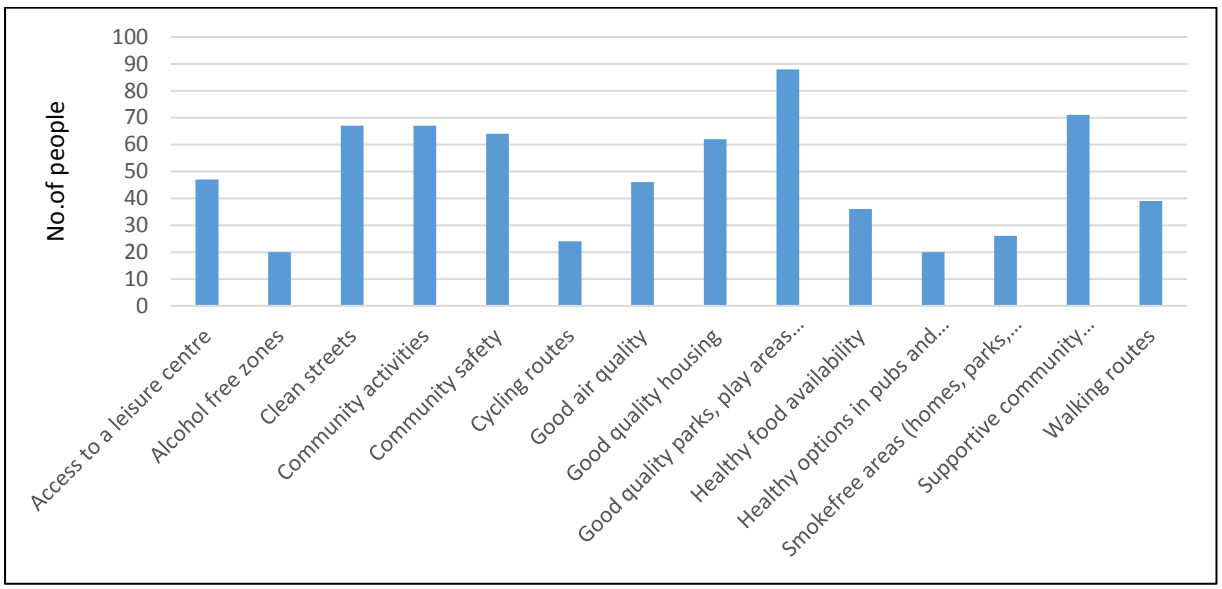


"Volunteering is not widely publicised in New Ollerton, the range of what you can volunteer for is hard to find and seems to be limited"

"Supporting others to reach their potential"

"Being housed, clothed and fed. Not living in poverty or without a home. Having access to Public Transport"

What do you think improves the wellbeing of your community?



"A community that cares about the common good and values and protects the most vulnerable members"

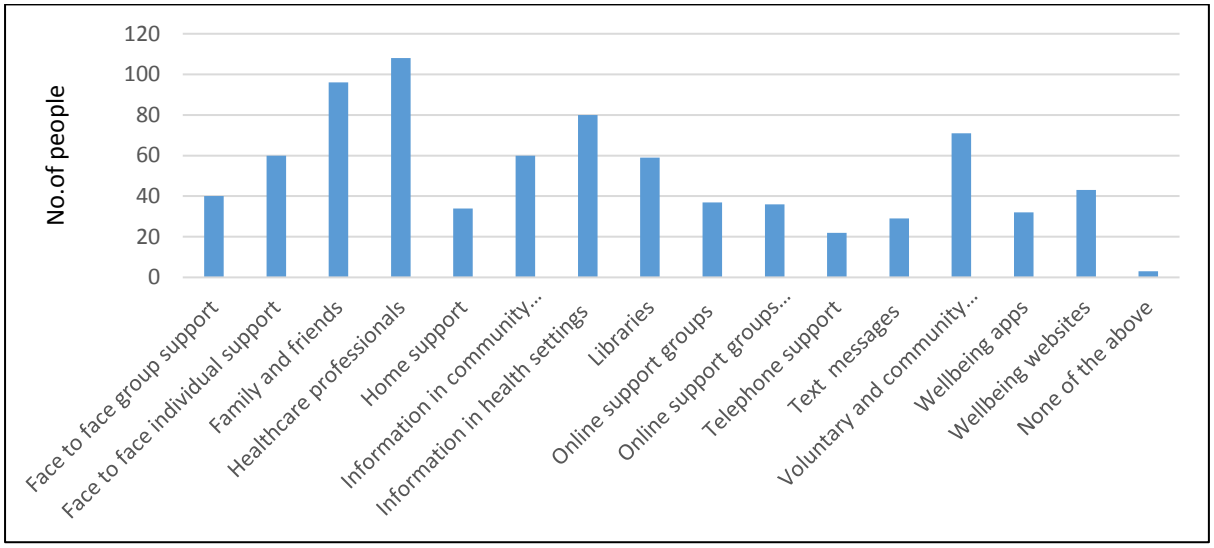
"A supportive community. Access to good housing. Access to good affordable healthy food"

"Smoke free areas"

"Good quality parks, play areas and green space"

"Loneliness and a fear of dying alone is a major worry for people who live alone"

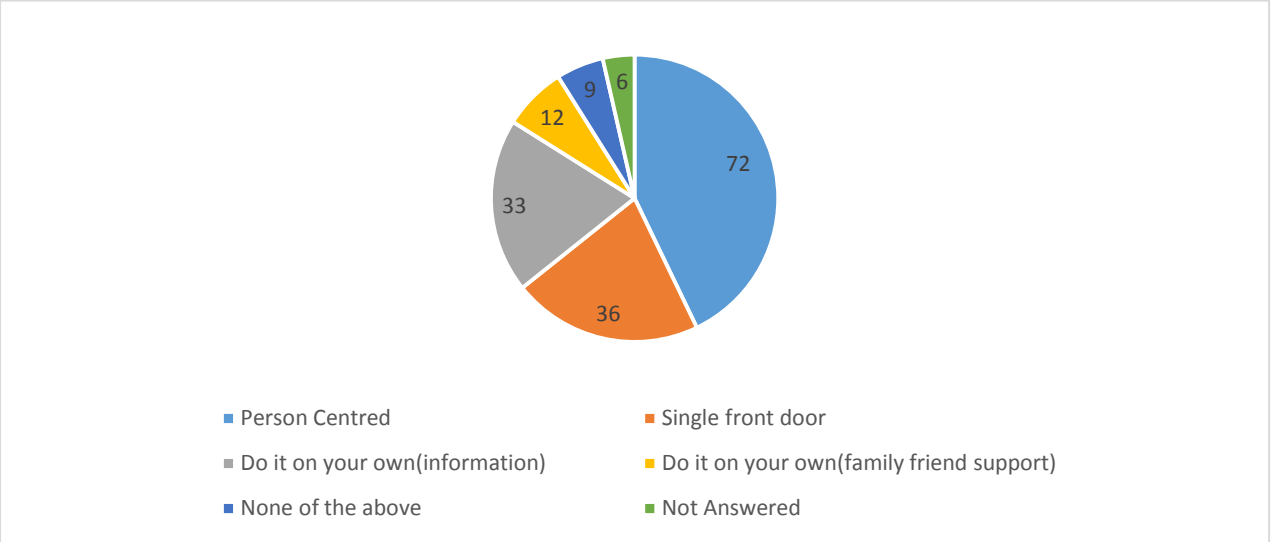
What information and support would you prefer to use to help improve and maintain your wellbeing?



"Voluntary and Community groups such as U3A provide learning, support and social contact for those who are no longer in full time work"

"An important voluntary group in the area Mind is to cease providing services due to lack of funds"

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



"There has to be Motivation, Opportunity and Capacity in each individual who wish to change"

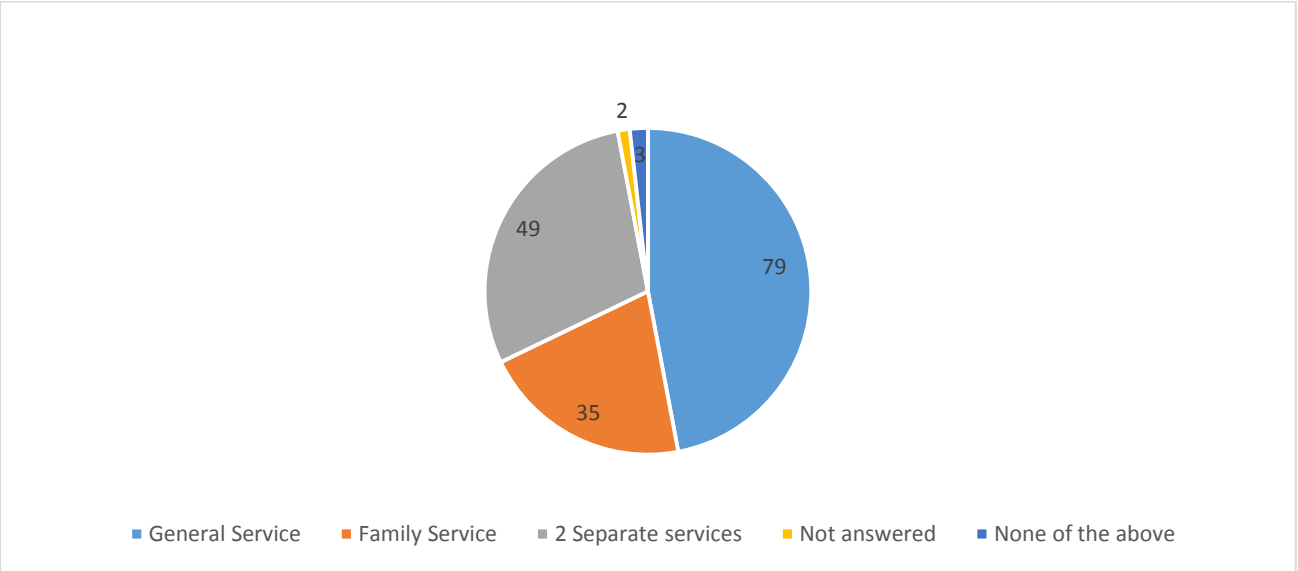
"Ongoing individual tailored support that doesn't stop until the situation is vastly improved/resolved"

"I don't think the council need to do this, there are plenty of places to go for support if I need it"

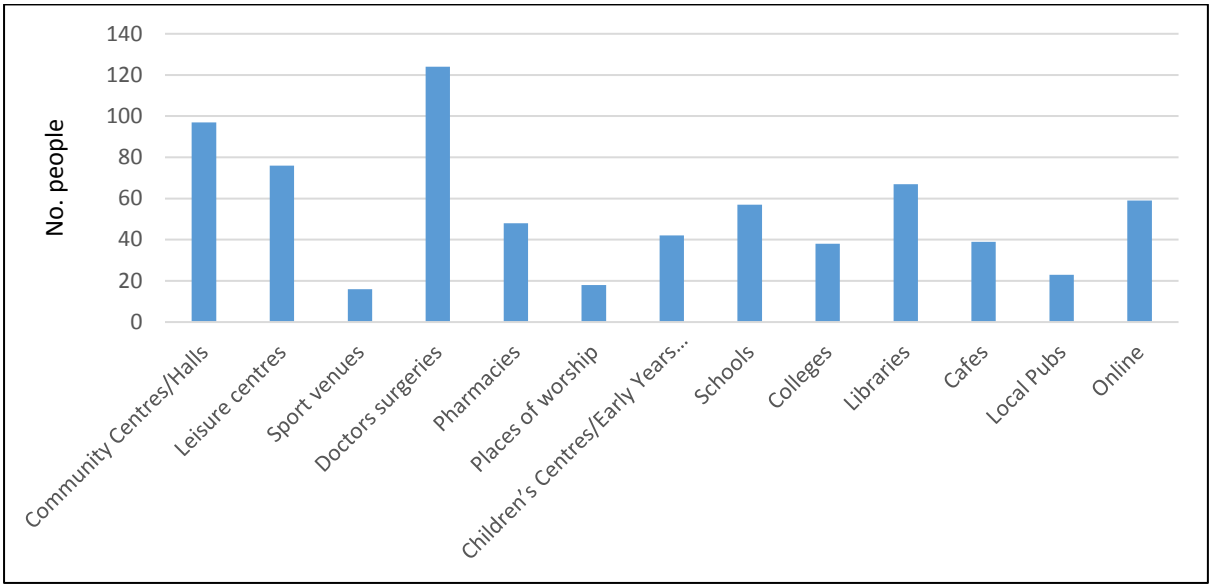
"A single front door approach with signposting would help me to clarify and prioritise the changes I need to make and break them down into manageable sized pieces"

"A group, led by a professional, so I have support to change my behaviour"

Who should the Integrated Wellbeing Service be for?



Where would you like to access an Integrated Wellbeing Service?

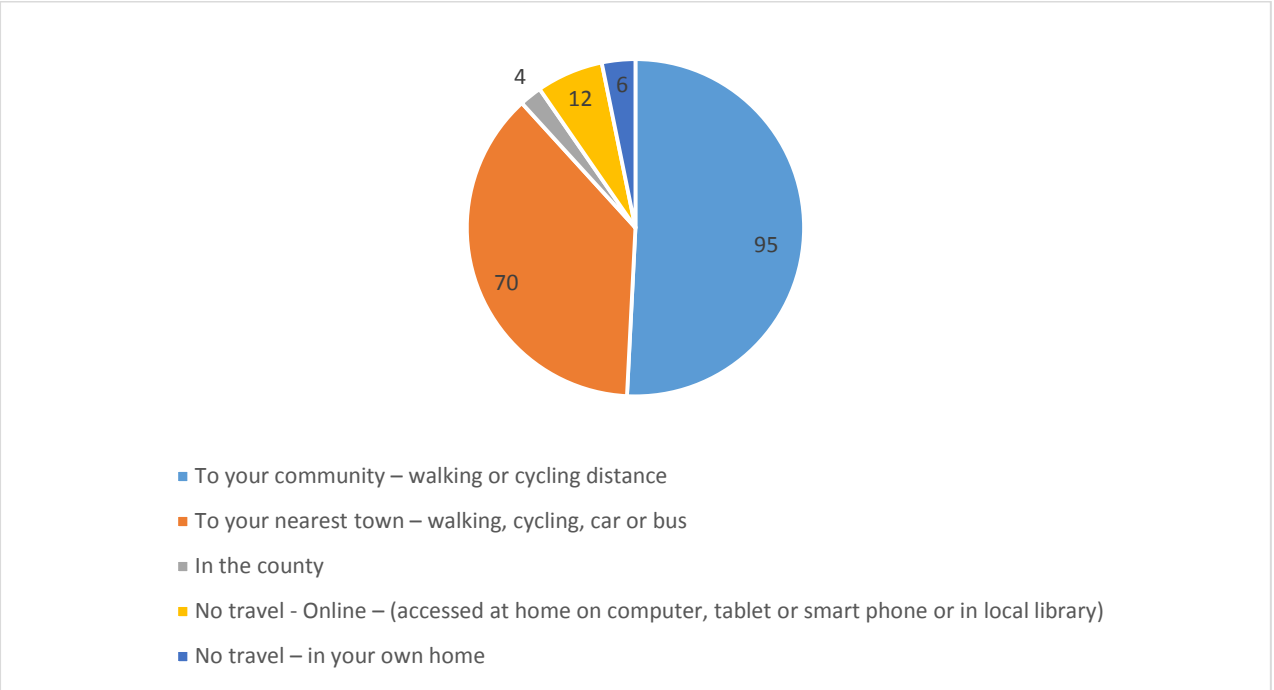


"Web based please"

"Specific dedicated venues"

"In a community action centre with satellite points of access wherever people come together, with personnel who can visit the house bound person in their homes if needed"

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



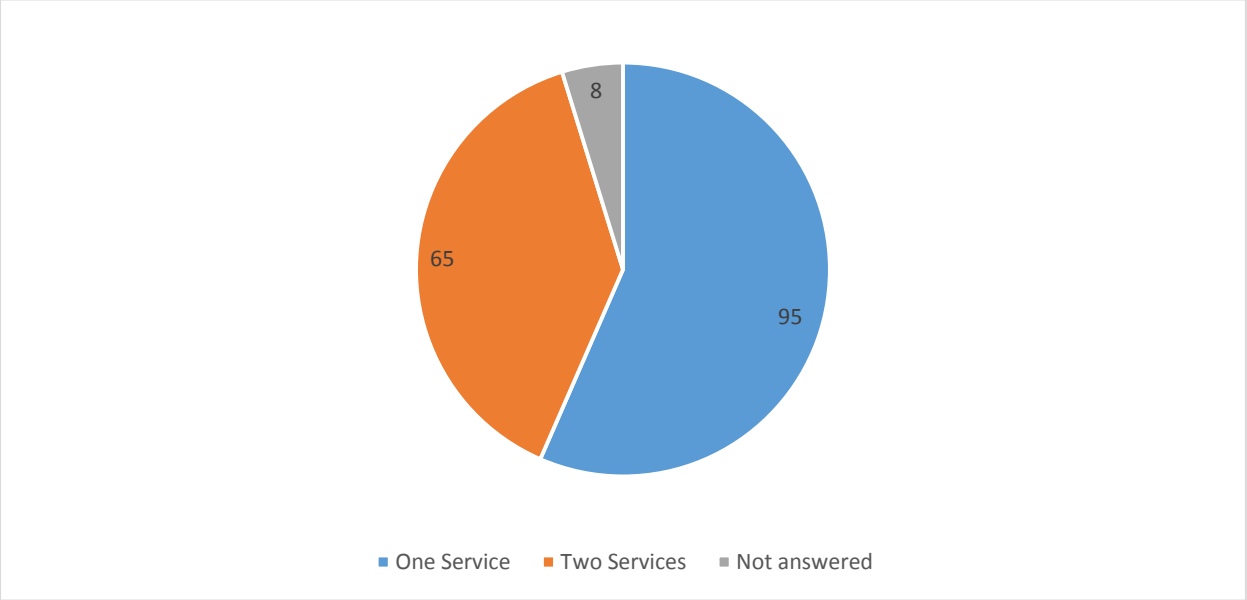
"A good voluntary transport system is vital to enable visually impaired people to attend appointments"

"None, I wouldn't touch it with a bargepole"

"Depends on public transport"

"Nearest doctor surgery"

How should the Substance Misuse Services be provided?

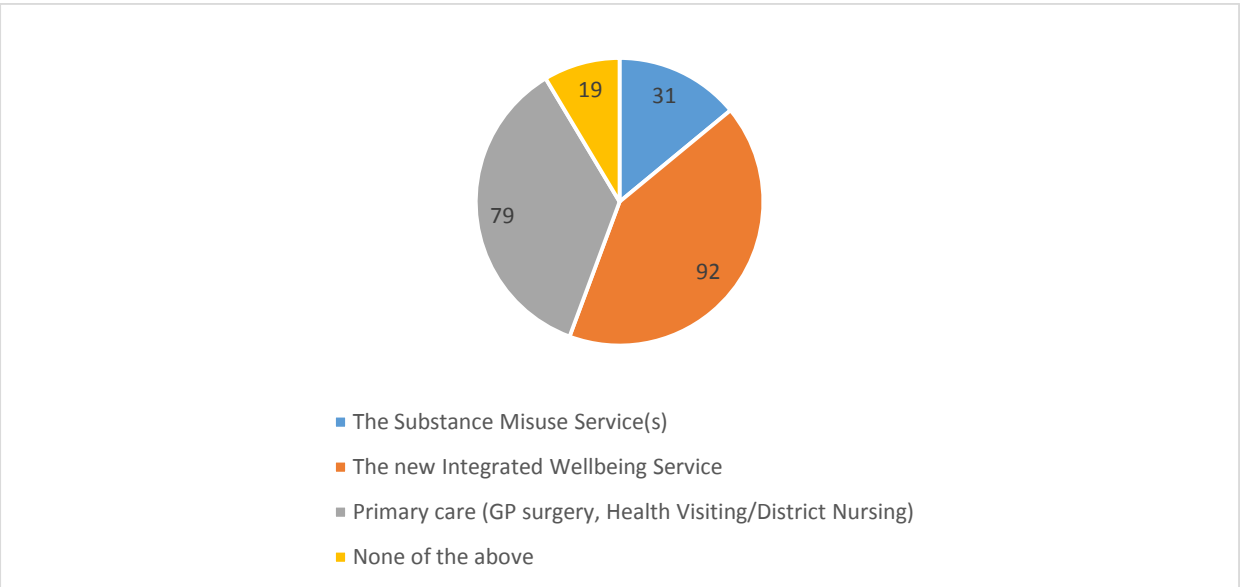


"There should be a service available in your own home. Many people who use substances also have mental health problems which makes it difficult for them to leave the house"

"Should also include support to stop gambling"

"Offer for children and young people needs to be differently presented but could be overseen by the same lead organisation"

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 **Eton Avenue Grower's** and **Hawtonville Women's** groups.

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.