Nottinghamshire County Council

Public Health Commissioning Intentions 2020

Consultation report

September 2018

Mansfield District

Mansfield Commissioning Intentions 2020 Consultation Report

This is a summary report of the findings from Mansfield, 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 **115** responses received from Mansfield residents.

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

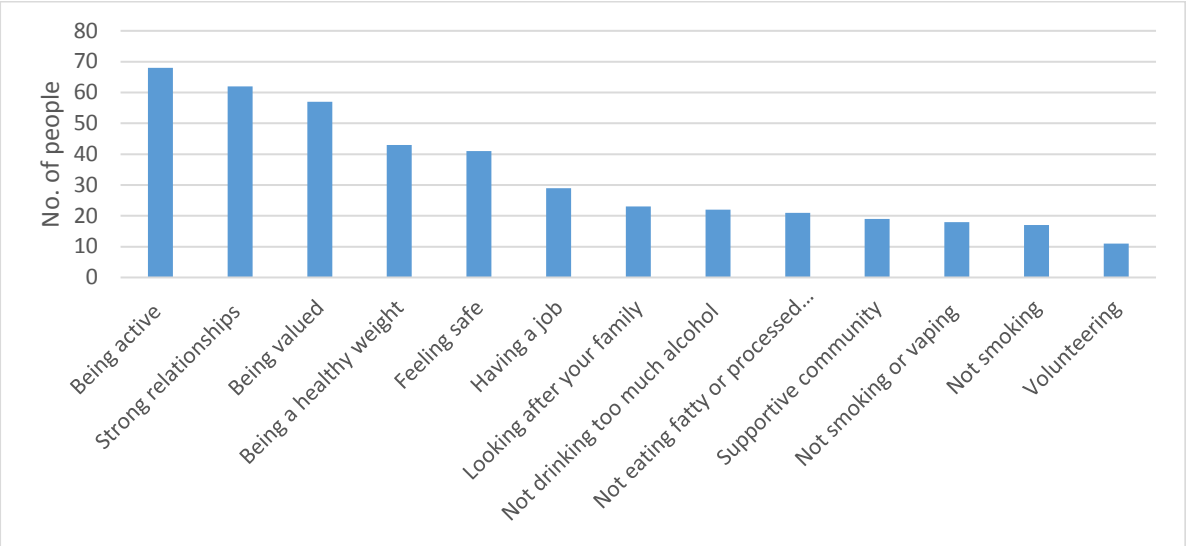
In Mansfield being active, valued and having strong relationships were seen as important to maintaining health and wellbeing. The local environment, including a supportive community and clean streets also scored highly as priorities. Volunteer organisations were indicated as being important however conversely volunteering was not.

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?

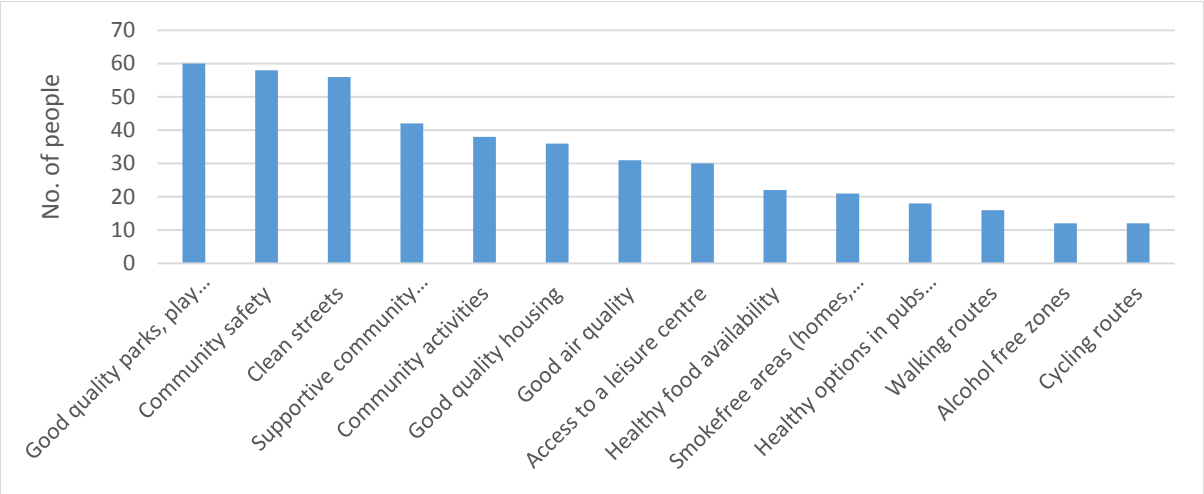


"Money contributes to my overall well-being and happiness. Not having to worry about money, or working extra or longer hours so I can spend more time with my family."

"Enjoying a hobby which makes the brain active."

"Attractive environment."

What do you think improves the wellbeing of your community?

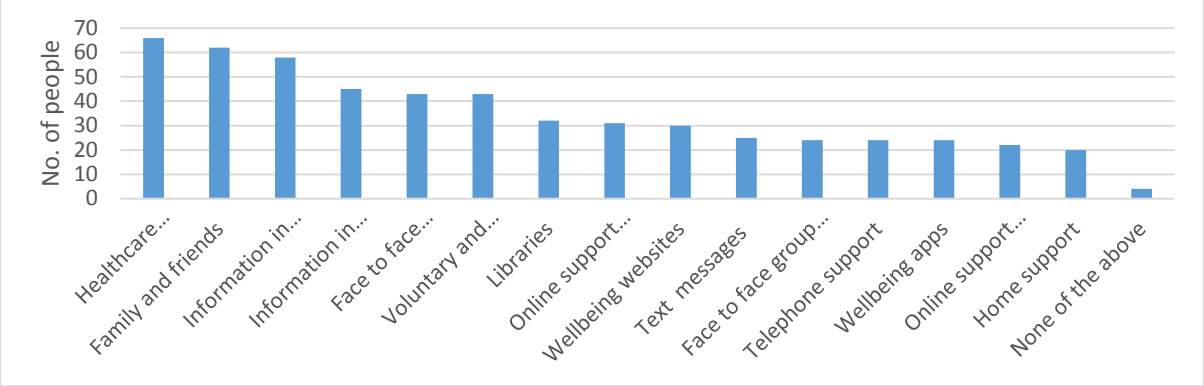


"Being actively involved in the community and helping out and not just sitting back expecting everything to be handed to you on a silver plate"

"Better access for the deaf community"

"Pleasant non-threatening environment"

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

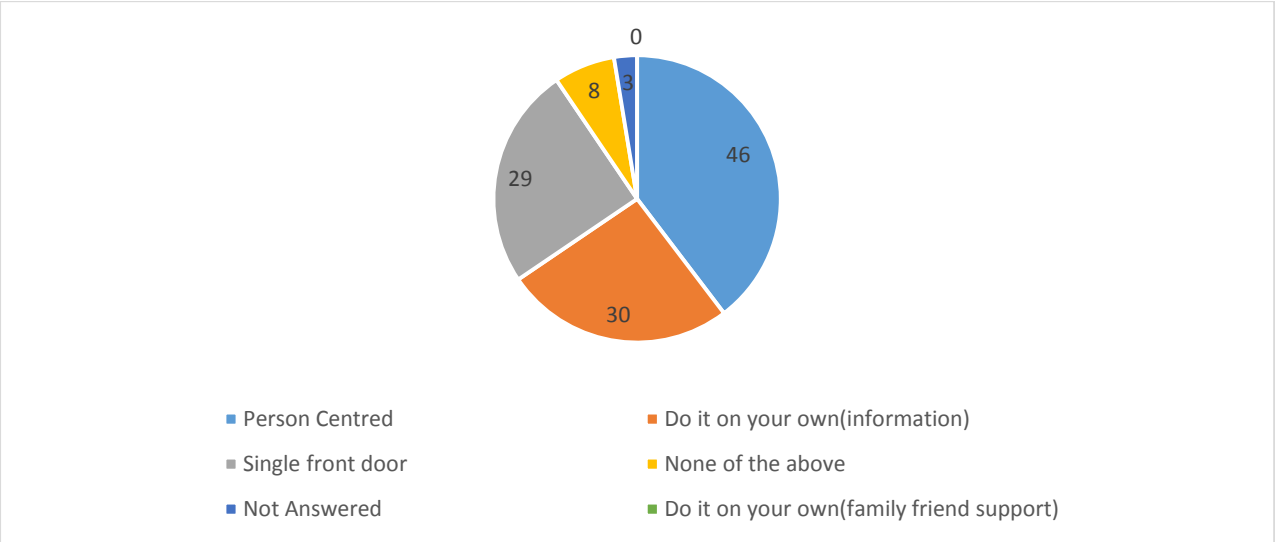


"Everything in moderation i.e.: being active, varied diet,"

"Groups that people over 55can go to outside work hours"

"Including support for financial wellbeing to be able to be inclusive"

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

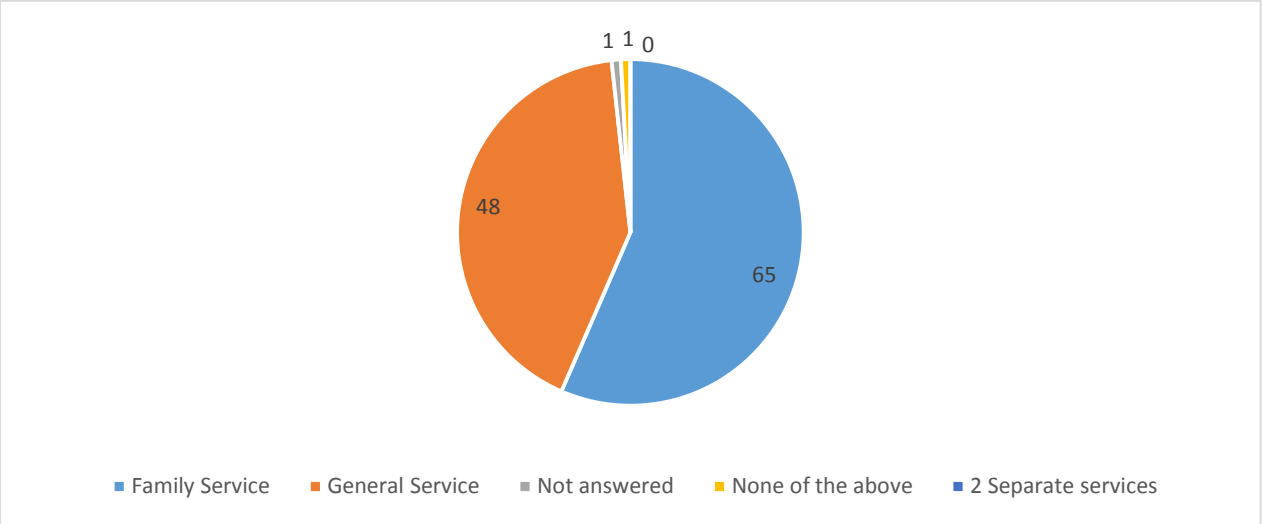


"I don't believe one person can have all the skills to deliver everything a person may need so signposting to other services who may have been running that service for many years is a better option"

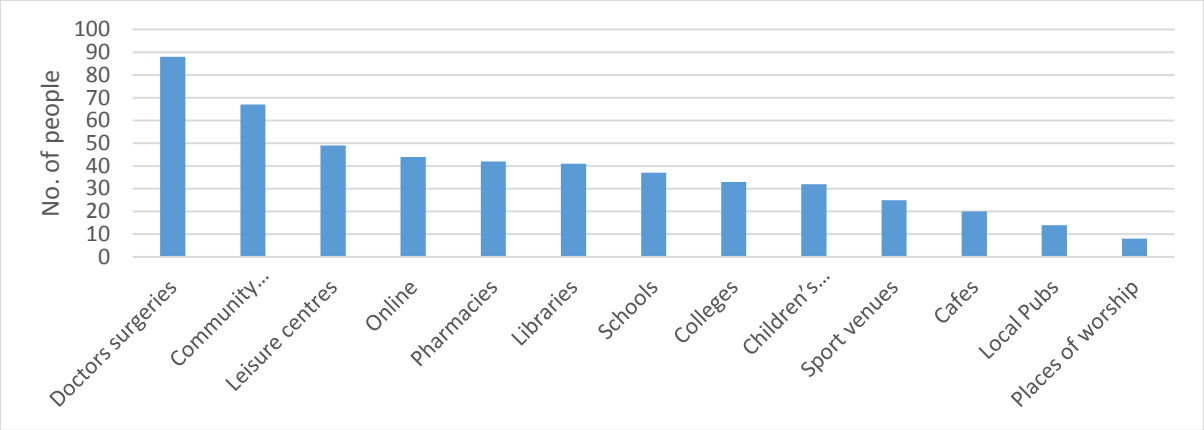
"Something apart from health services. There's too much pressure there."

"We need many different people & different approaches that can be accessed. Variety is the spice of life."

Who should the Integrated Wellbeing Service be for?



Where would you like to access an Integrated Wellbeing Service?



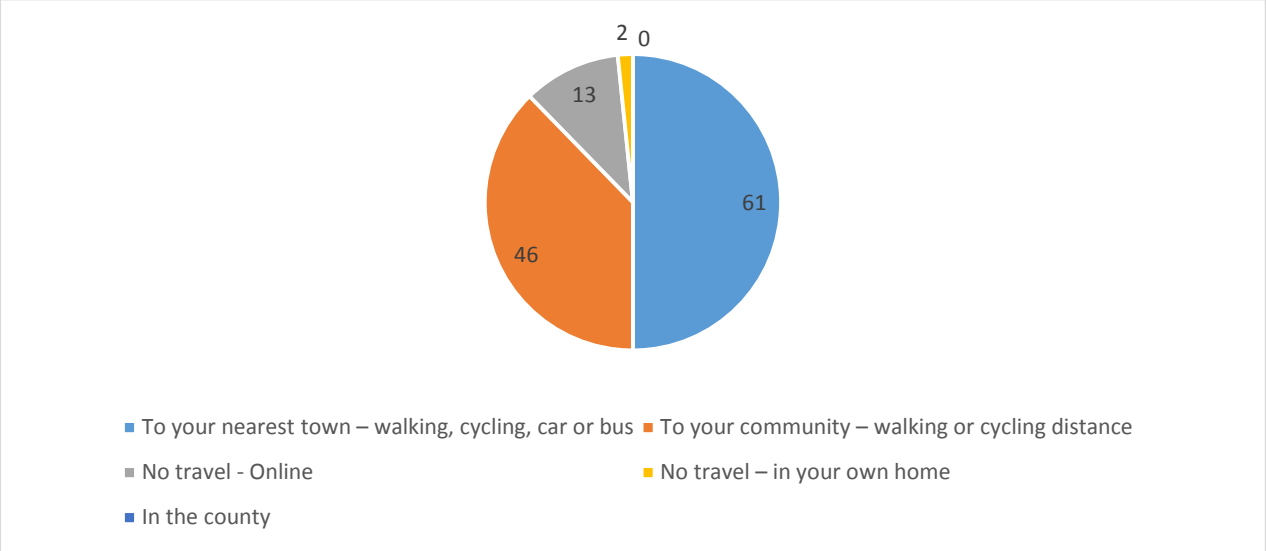
"All primary care providers e.g. optometrists, dentists, etc."

"At Voluntary Organisations with support for the whole community Ideally there would be someone who lives in the area who has the experience and qualification together setup and run a dedicated service for that community and not let a district\ county council have complete control of the project as it is known that that council will look to residents closest

to their location first and the outlying areas are forgotten or too little to late they are last resort usually when all money has run out."

"In your own home - some people are unable to leave their homes due to various ailments so they should not be forgotten because they cannot access services"

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

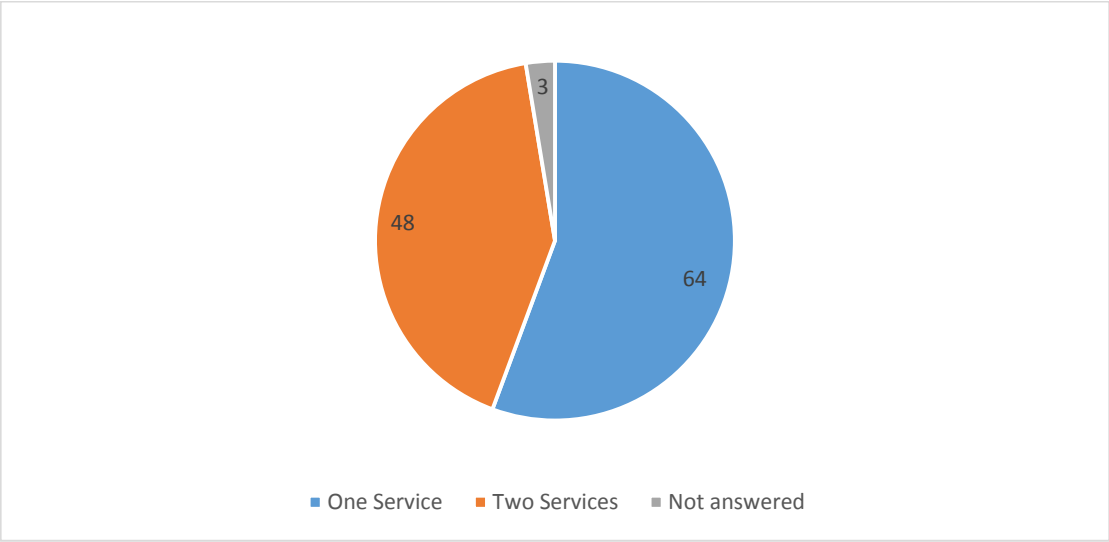


"I simply don't have time to "go" anywhere."

"On-line is not an easy option for many who are not computer literate or have no computer."

"We need different access for different things & essential to have developed local home & work communities"

How should the Substance Misuse Services be provided?

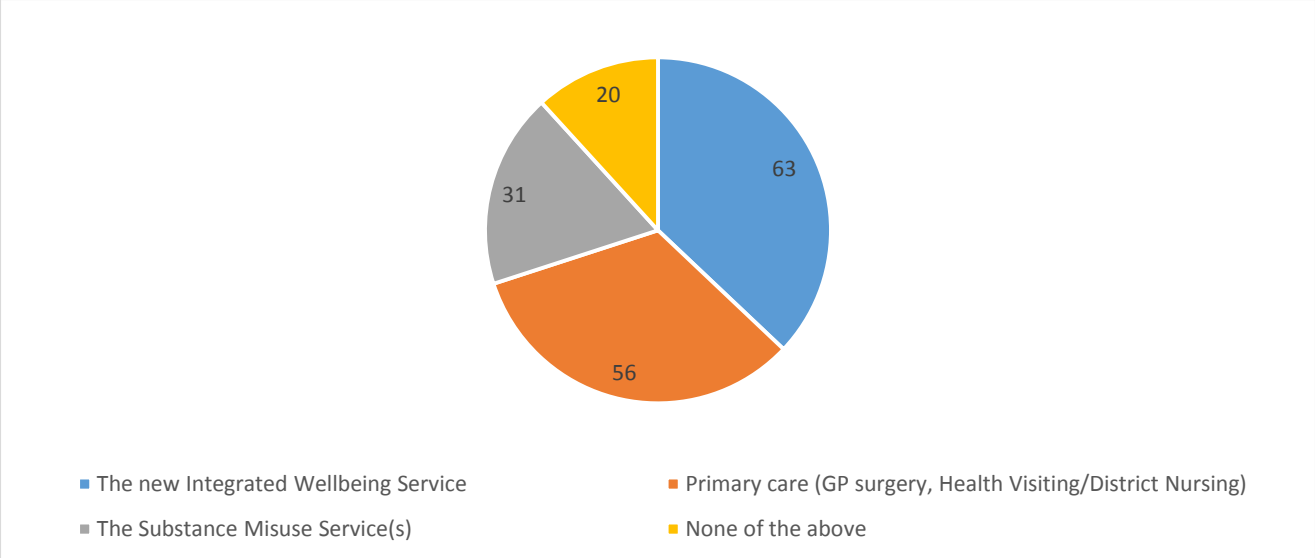


"By having a joint service this will have transparency to work with both the young adult and family members which is vital."

"If drug misuse why can't the proceeds from dealers when caught be put into projects to fund them."

"There also needs to be a service for the families having to deal with the addict"

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, one-to-one interviews took place with 8 individuals at **The Beacon Centre at St John's Church**.

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.