Nottinghamshire County Council

Public Health Commissioning Intentions 2020

Consultation report

September 2018

Rushcliffe District

Rushcliffe Commissioning Intentions 2020 Report

This is a summary report of the findings from Rushcliffe, 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 **143** responses received from Rushcliffe residents.

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

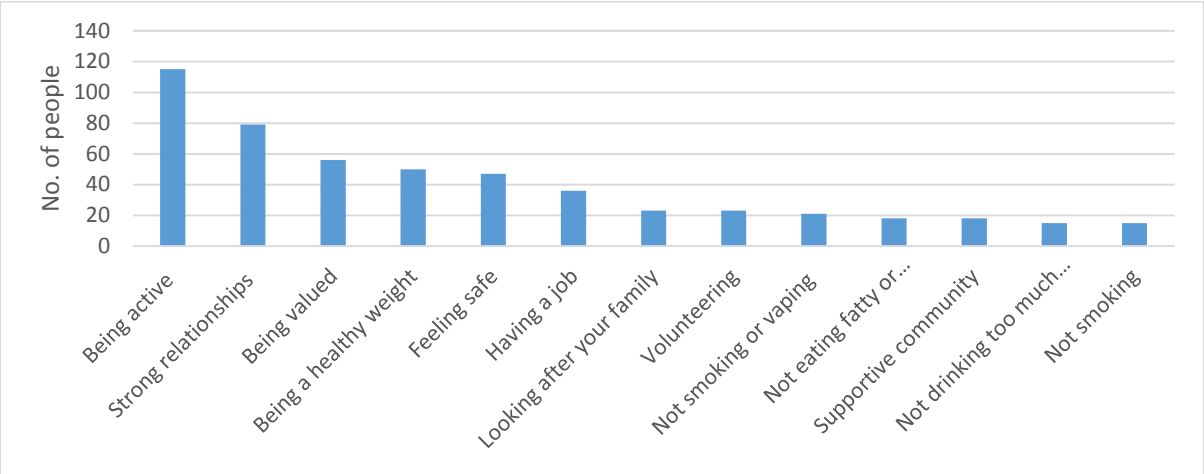
Volunteering and voluntary groups were seen as important to Rushcliffe residents, more so than in other Nottinghamshire districts. Libraries were also regarded as a more favourable place to access wellbeing services that in other areas of Nottinghamshire. There was also slightly more appetite for a digital offer in Rushcliffe 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

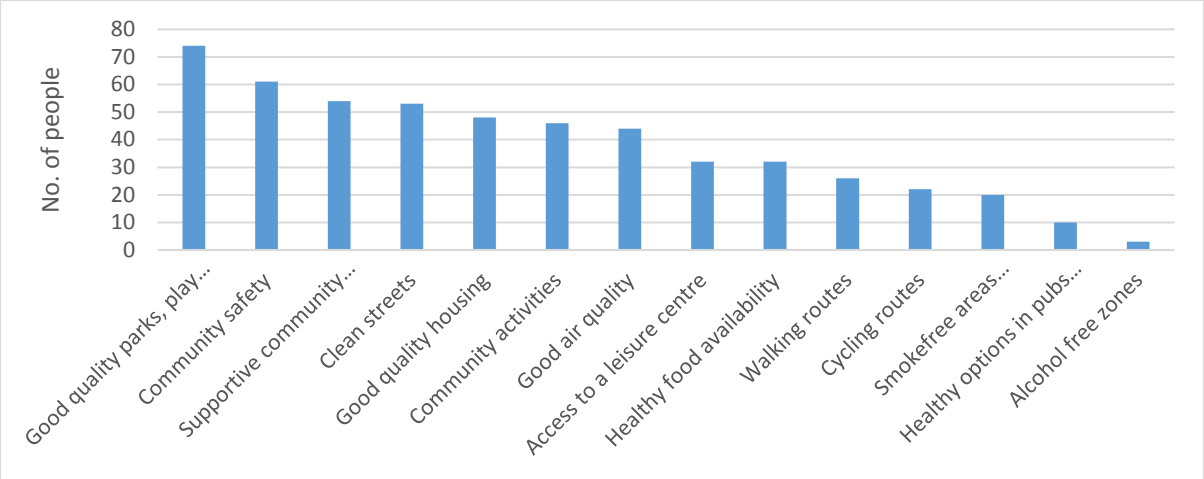
If you require any further information please contact patrick.meakin@nottscc.gov.uk

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



"Being in a long term supportive relationship"

What do you think improves the wellbeing of your community?

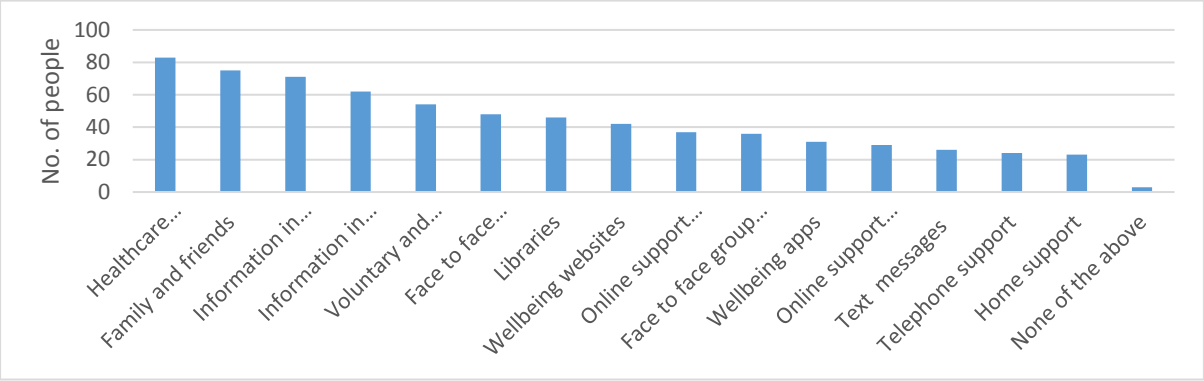


"Access to mental health services"

"Access to public transport (including evenings, Saturdays and Sundays) so that people in rural areas can travel for shopping, services and leisure activities and people in urban areas can visit the countryside without causing overcrowding and poor parking on narrow rural roads."

"Having a responsive and readily accessible health service supporting whole issues."

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

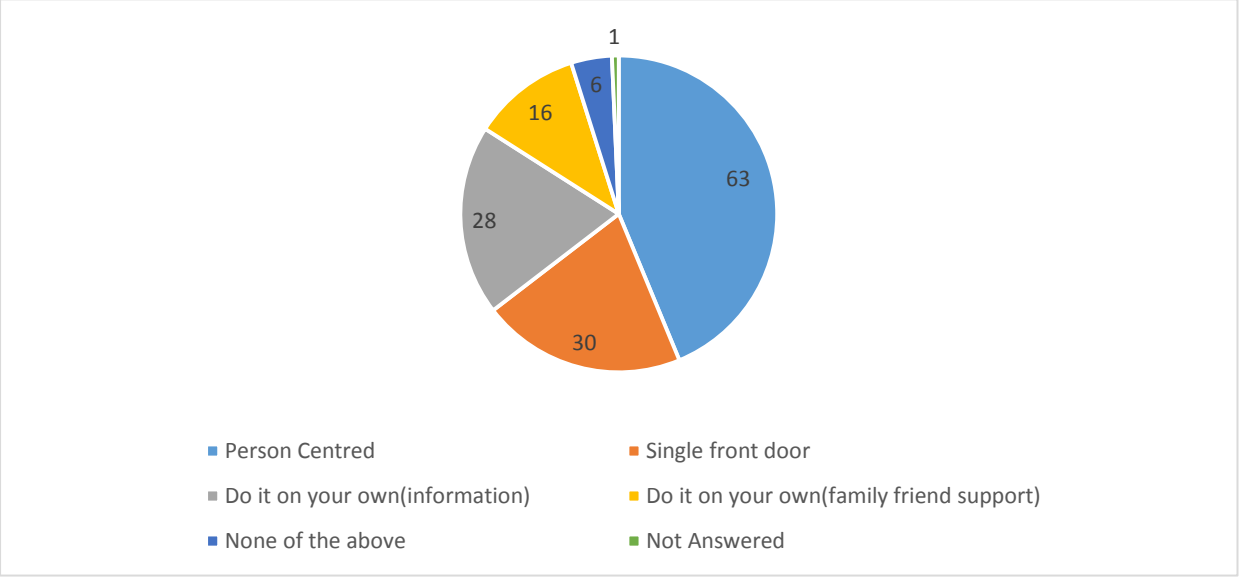


"Well-being Hubs
It all depends on the preference on the person using the service as to which is the most appropriate method for them but it's good to have a choice of communication channels - one size does not fit all."

"Healthy eating cookery schools on weekend for 6-12 year olds"

"Free/low cost group exercise classes, free/low cost group dance classes"

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

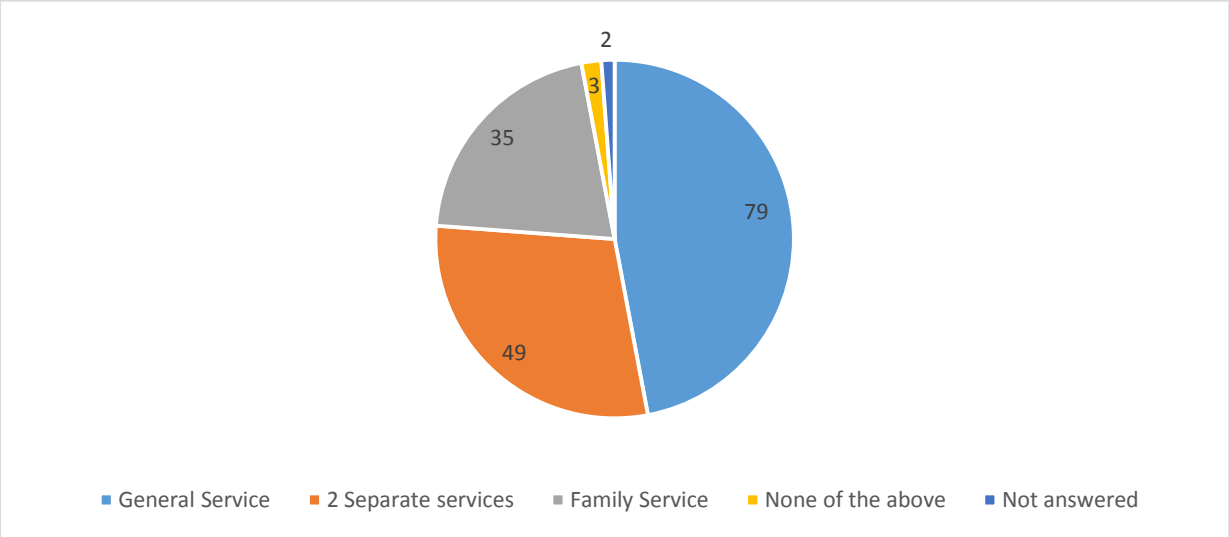


"With support line for questions re: healthy lifestyles and wellbeing"

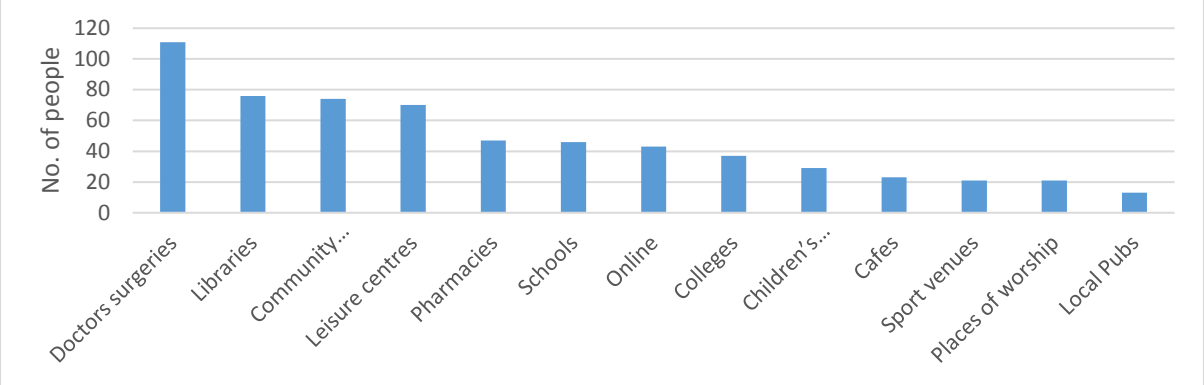
"Whatever service is provided, it needs to be available in the evenings and at weekends. Issues affecting physical and mental wellbeing do not stop between 4.00 pm on Friday and 9.00 am on Monday!"

"Would like a person-centred service, but because I have done this on my own via the internet for so long, I almost prefer it."

Who should the Integrated Wellbeing Service be for?



Where would you like to access an Integrated Wellbeing Service?

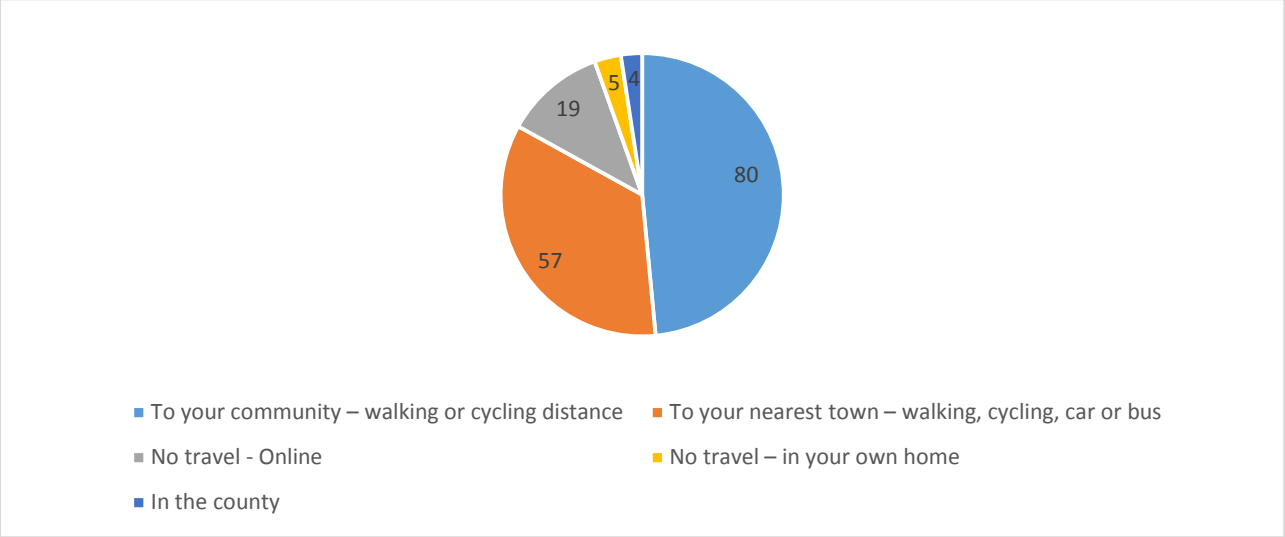


"Plus telephone support line as back-up"

"It needs to be accessible to people in rural areas with no access to public transport. It also needs to be accessible to people with physical/sensory disabilities and other limitations - including parents/carers who need to make special care arrangements if they have to visit a service provider."

"Any and all of the above. As local as possible and mindful that the running of these centre must be respectful and safe for all users"

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

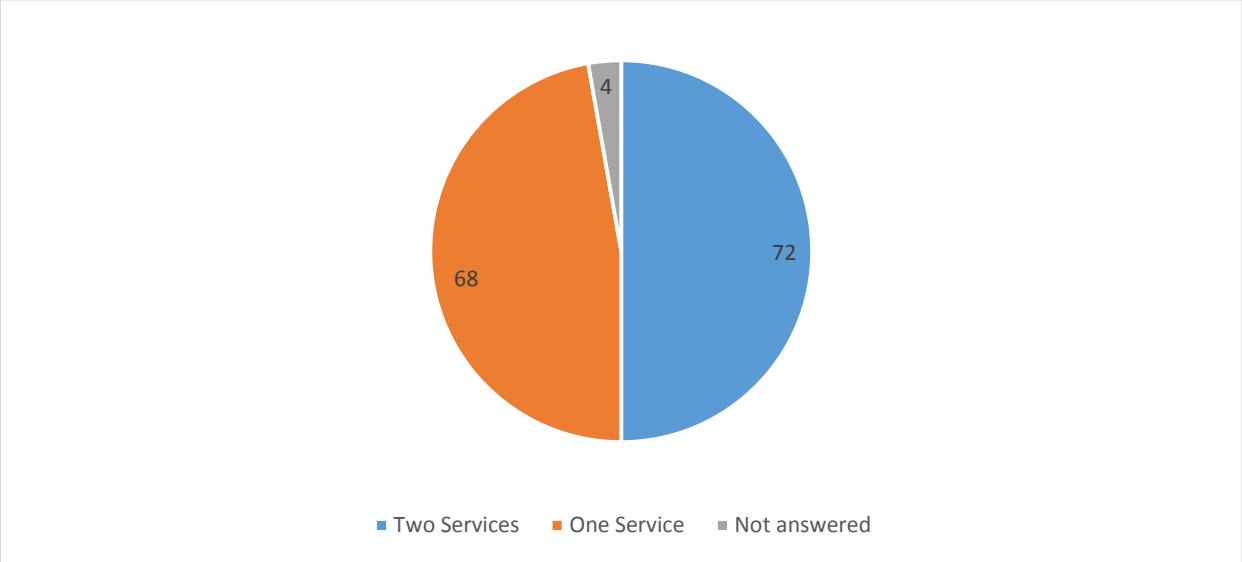


"It will depend on the service I need. My nearest community with health centre/ library/ leisure centre facilities is more than 5 miles away with no regular bus service. Any specialist services will probably be at least 10 miles away."

"I live in a village and can currently drive, but not forever. If these services are to be integrated in larger towns, is transport also being looked at in this review? If I can't get to an integrated facility then this whole review has been wasted."

"Local community within short bus service distance. "

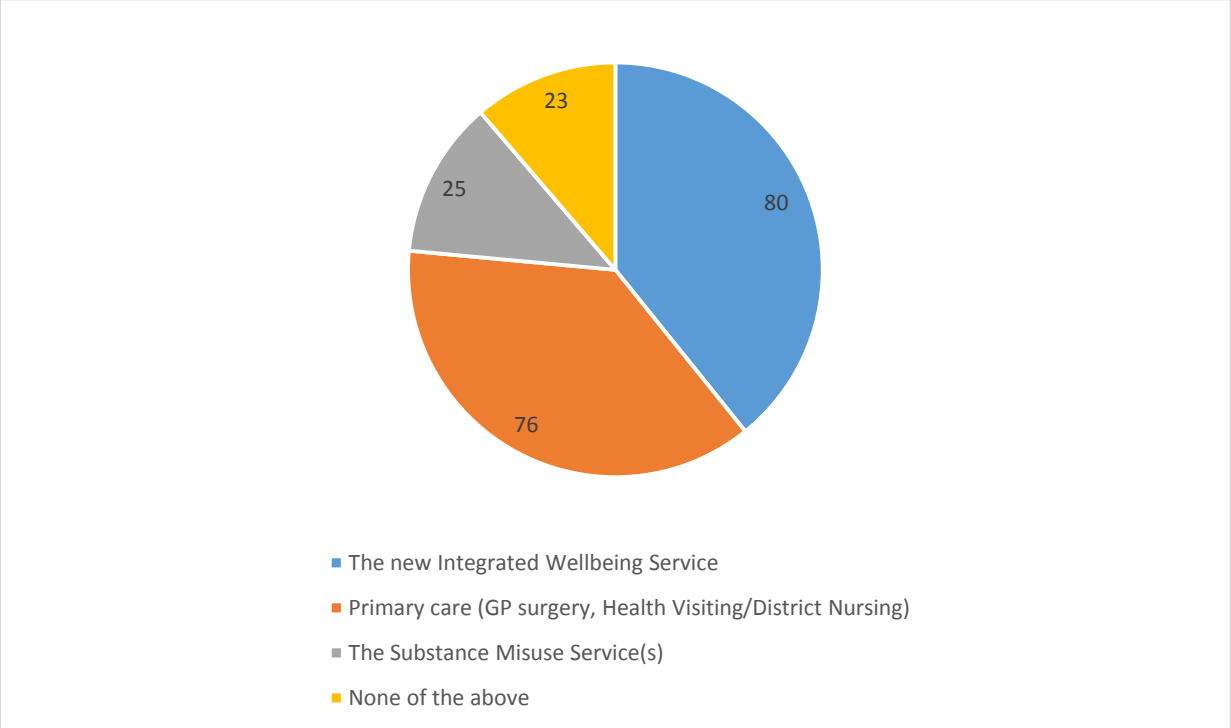
How should the Substance Misuse Services be provided?



"The aim must be to stop substance misuse not cater for it!
but need clear YP branding, issues are different for young people so service needs to be different and appropriate, separate from adults but allow easy transition if needed."

"A single service with specialism across all ages and inclusive of all sectors."

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, a focus group took place with the **Rushcliffe Carers** 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.