Nottinghamshire County Council

Public Health Commissioning Intentions 2020

Consultation report

September 2018

Summary

The purpose of this report is to present the findings from the Nottinghamshire County Council Public Health Commissioning Intentions 2020 consultation process.

This process took place over the summer of 2018 in the form of an online survey, a series of engagement events, some targeted work with specific groups and the involvement of Healthwatch to provide objective input from current and potential service users.

Statistical analysis of the various aspects of the consultation process are presented below, along with a number of conclusions.

This report is available at www.nottinghamshireinsight.org.uk. District level reports and the full Healthwatch report are also available here.

If you require any further information about the consultation, please contact Patrick Meakin, Public Health and Commissioning Manger patrick.meakin@nottscc.gov.uk

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Background

On 31st March 2020 a number of Nottinghamshire County Council (NCC) Public Health service contracts come to an end including; Obesity prevention and weight management; smoking cessation and tobacco control; substance misuse). The commissioning of these services has been bought together under the 'Commissioning Intentions 2020' programme umbrella.

As part of this NCC Public Health wish to combine the lifestyles functions and develop an integrated wellbeing service (IWS) and consider the options for the substance misuse service (SMS). A consultation process was undertaken to understand the needs of current and potential service users.

The consultation for the Commissioning Intentions 2020 programme of work was undertaken to ascertain a number of factors.

- **To better understand the needs of current and potential wellbeing service users**
- **Ascertain whether there is an appetite for an Integrated Wellbeing Service (IWS)**
- **Inform the model for an Integrated Wellbeing Service**
- **Engage with 'lesser heard voices'**
- **Offer guidance to service delivery partners on the needs of the County**
- **Understand the barriers and solutions to participation in wellbeing services**
- **Understand what matters most to the health of local people**
- **Inform the delivery of a countywide substance misuse service – specifically the use of an all age or separate adult and young person offers.**

With the intention to receive information to inform and support the commissioning process. This includes the development of the IWS model and the reach of the SMS service. This information will form part of developing early service specifications and be shared with delivery partners as part of a competitive dialogue procurement process. With regards to the SMS, Public Health commissioners were keen to hear people's views on the structure of the offer. Of particular interest was whether the service would be under one umbrella for all ages or provided separately for young people and adults. Views were also sought on current services and how things could be done differently in future.

Process

The consultation for the Commissioning Intentions 2020 programme was launched on 8th June 2018 and remained open until 9th August 2018.

The consultation took a number of approaches including an online survey accessed through the Nottinghamshire County Council consultation hub. Respondents were asked 27 questions which were used to create a picture what is important to people's health, with the aim of informing both commissioners and service delivery partners. The main benefit of this approach was to reach as wide an audience as possible. Information about the consultation was shared across the county and 6000 'have your say' cards were distributed to libraries, GP surgeries and community venues. NCC communications team also engaged through email bulletins and social media. NCC Public Health officers circulated the online consultation through their networks in the districts to ensure an even spread across the county and sufficient professional input into the consultation.

Six consultation events were held in Bassetlaw, Mansfield and Rushcliffe. These events took the form of presentations and interactive elements with 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. Benefits of this approach included the opportunity for attendees to elaborate on any feedback, as well as taking part in a number interactive tasks. Attendees could vote on which aspects of a new service (prevention, support etc.) would be favourable, as well as building individual case studies, to understand and explore the potential model.

Similar questions were asked in both the online consultation and the events. These were open to all, and as such a number of both professionals and the wider public attended to reach as wide an audience as possible.

Further consultation was sought through the commissioning of Nottinghamshire Healthwatch to seek the views of 'lesser heard voices' and those who don't traditionally engage in consultation. A total of **9** focus groups took place with **66** attendees. This approach was beneficial as it provided an objective view from a number of individuals that have been wellbeing service users in the past and can provide valuable insight and experience. In addition to this Healthwatch also targeted individuals whose health behaviours were relevant to the procurement of wellbeing services.

We completed a Health Equality Impact Assessment on the consultation to ensure we reached as many people as possible.

Wider consultation took place with Nottinghamshire Deaf Society, and also with young people through Nottinghamshire County Council's Youth Service. Engagement with the LGBT Community also took place at the Nottingham Pride Event (28 July 2018).

A total of **1044** responses were received through the online questionnaire and **71** people attended the consultation events.

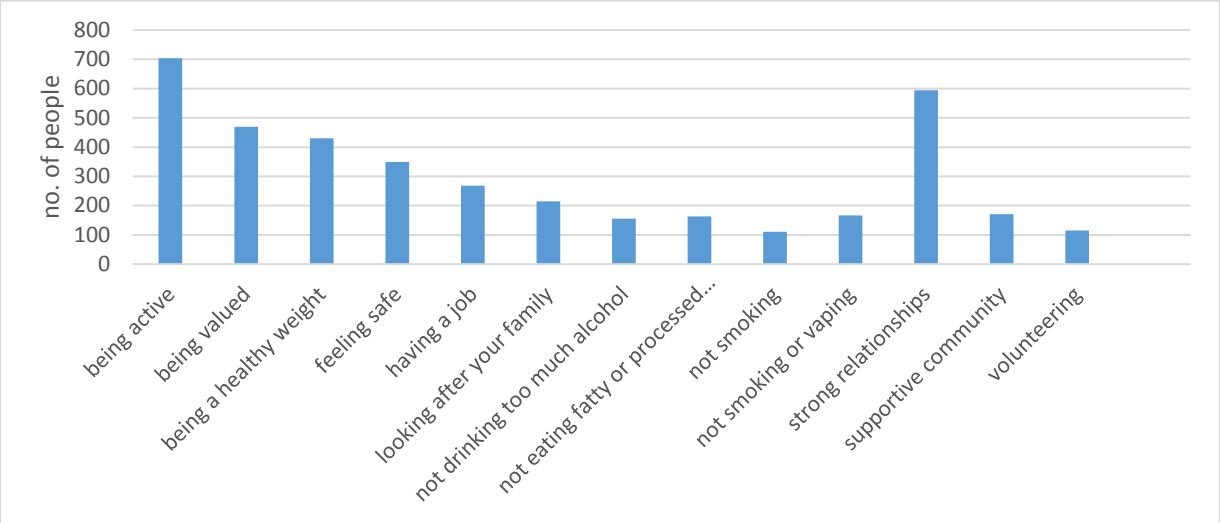
Responses from the consultation process were used to inform the design of the Integrated Wellbeing Service model.

Below are the results of the consultation process. This includes the final results of the online consultation covering both qualitative and quantitative information. Additionally, there is summary information from both the consultation engagement events and the Healthwatch focus groups.

Online Survey Results Summary

Wellbeing Influences

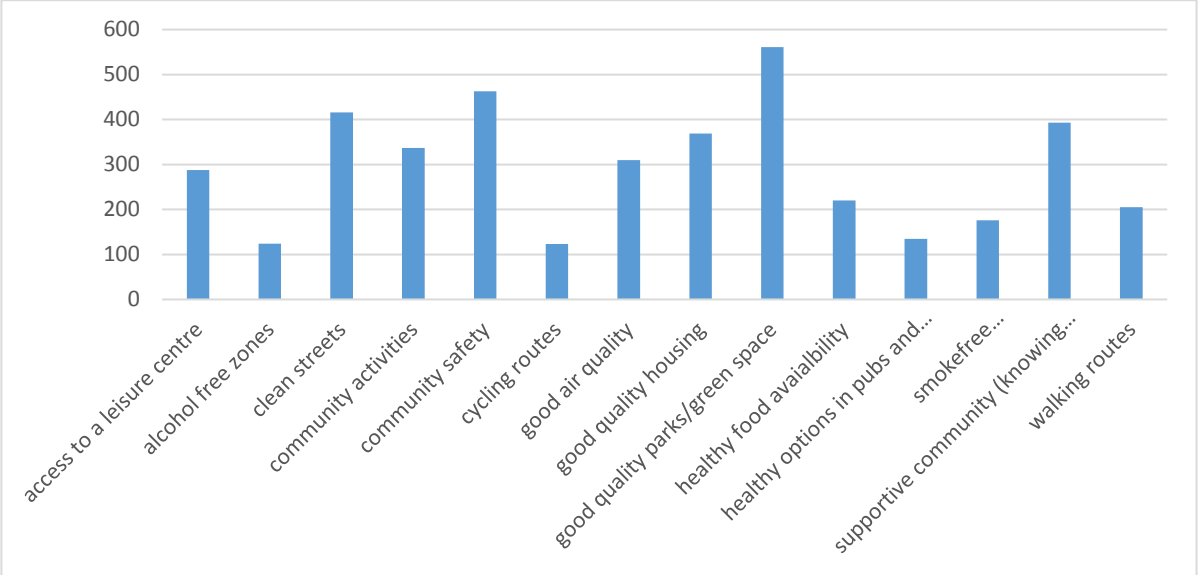
What do you think improves your wellbeing and makes you feel good?



Consultation survey respondents believe that being active is important, along with strong relations and a sense of being valued. Responses to this question revealed how important the wider determinants of health are. It will help to inform the community, place and asset based approach that delivery partners will be encouraged to use. Working with people and creating a sustainable model and approach.

It is interesting to note that reducing fatty food, smoking or alcohol were not seen as priorities.

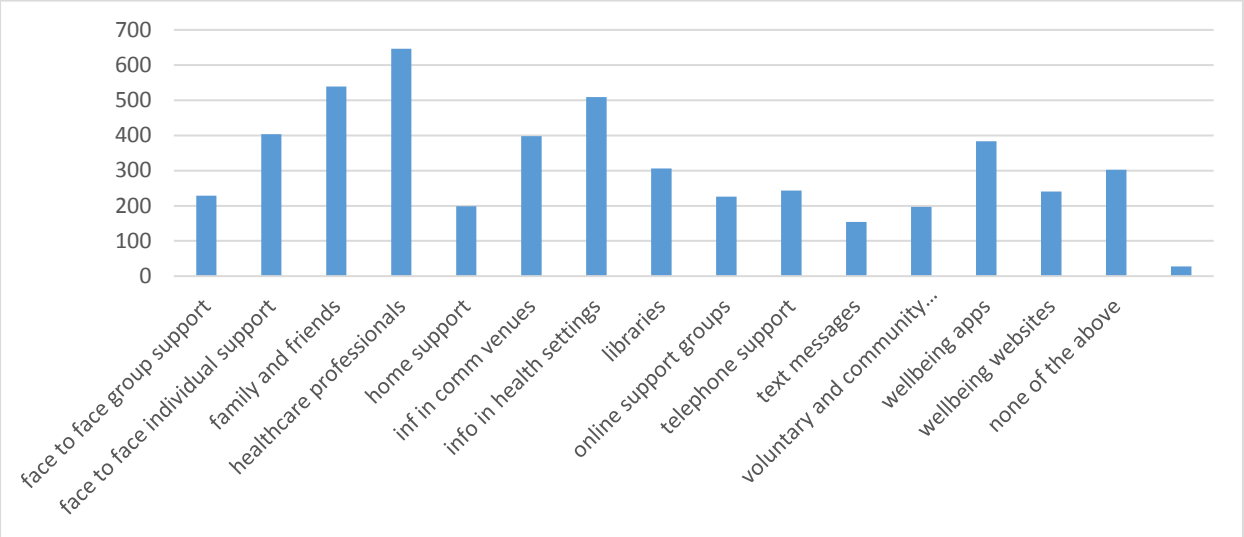
What do you think improves the wellbeing of your community?



The wider environment is key, with community safety, cleanliness and the provision of parks seen as top priorities. There is further support for the wider determinants of health to be considered by delivery partners, and that although there is a place for traditional sessions to be delivered it is important to look at community assets such as parkrun, volunteering opportunities and allotment groups. Connectivity of delivery partners to wider partners such as housing authorities will also be encouraged.

Behaviour change influences

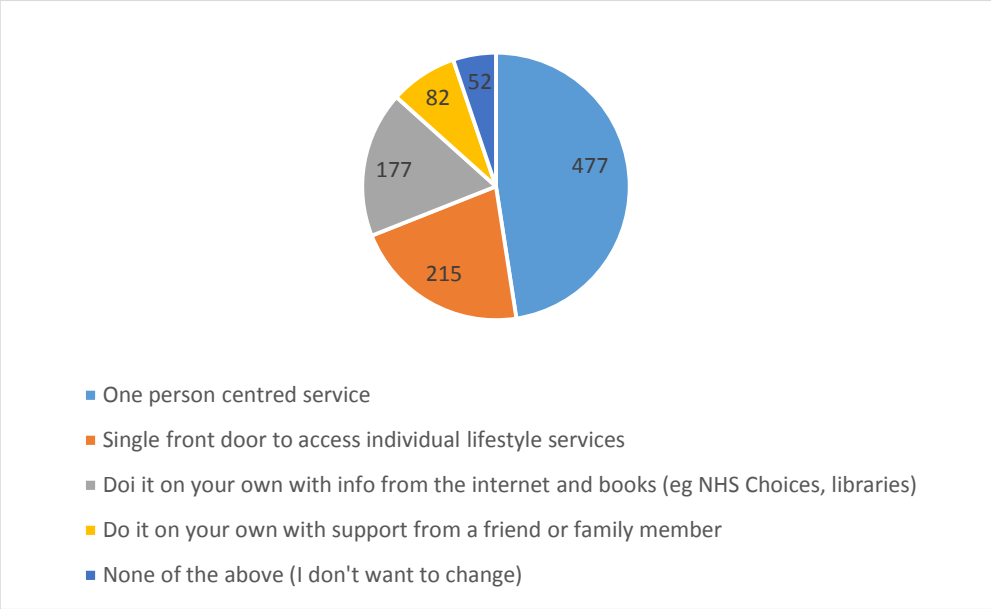
What information and support would you prefer to use to help improve and maintain your wellbeing?



Healthcare professionals would be the preferred first point of contact but there are also strong roles for family and friends as well as wider health settings. Seeing people as an asset and enabling people in communities with the skills to improve health will be key. There is a preference for face-to-face interventions as well as support for group sessions. This informs us that although service users will

engage the traditional primary care settings, it is important to consider that some people will never attend a gym or leisure centre, and so the approach must reflect this. In summary feedback from the question underlines the need for a broad brush approach to wellbeing that caters for the individual.

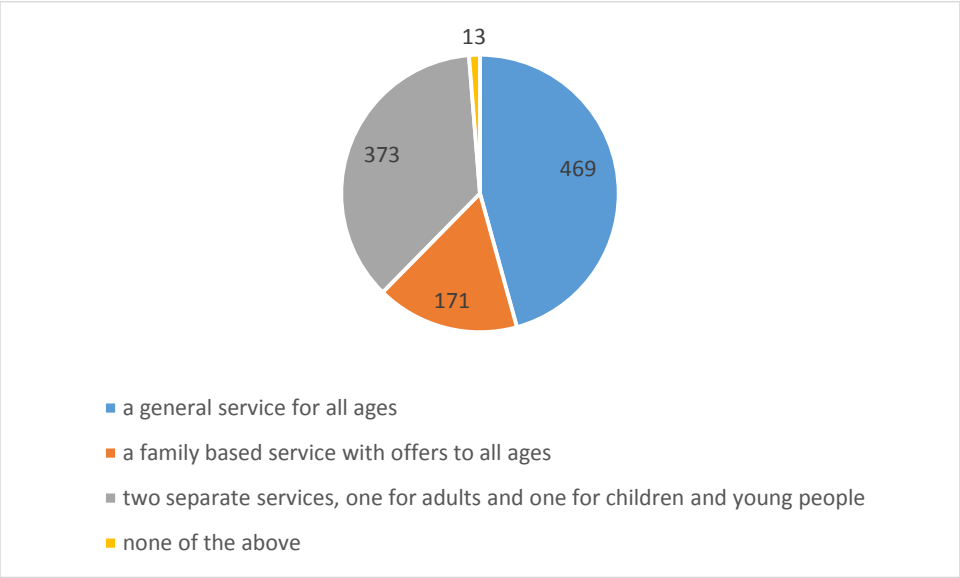
If you wanted to change your health behaviours, which of the following would you prefer to go to? (E.g. to lose weight, be more active, stop smoking, reduce alcohol intake)



There was clear support for a person centred service with 46% of respondents favouring this approach. A single front door to access services was less popular (20%) with both this and going it alone (17%) scoring similarly.

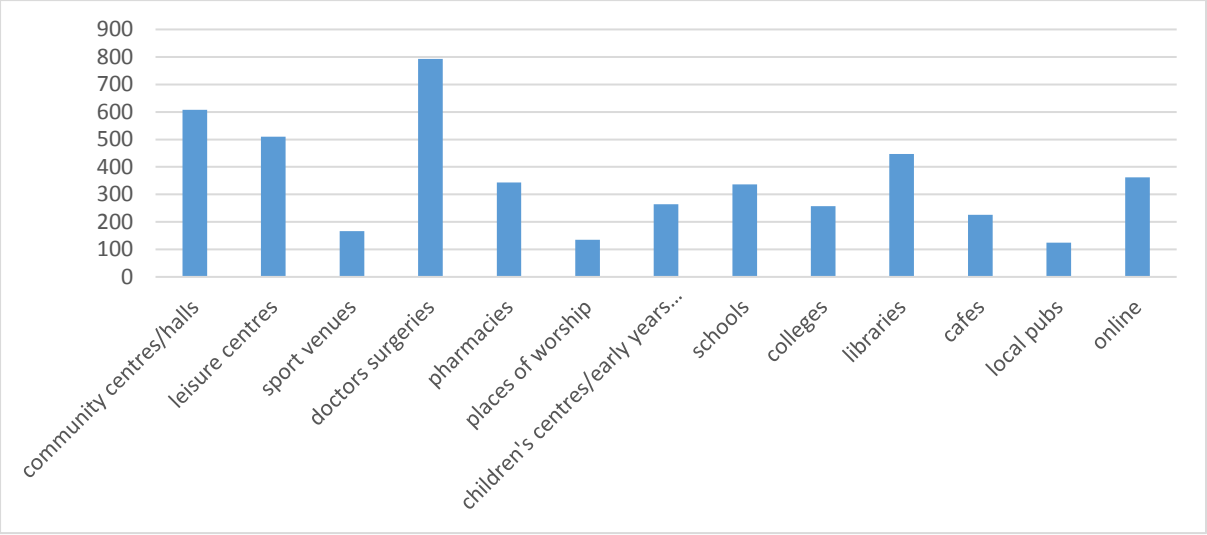
Integrated wellbeing service focus

Who should the integrated wellbeing service be for?



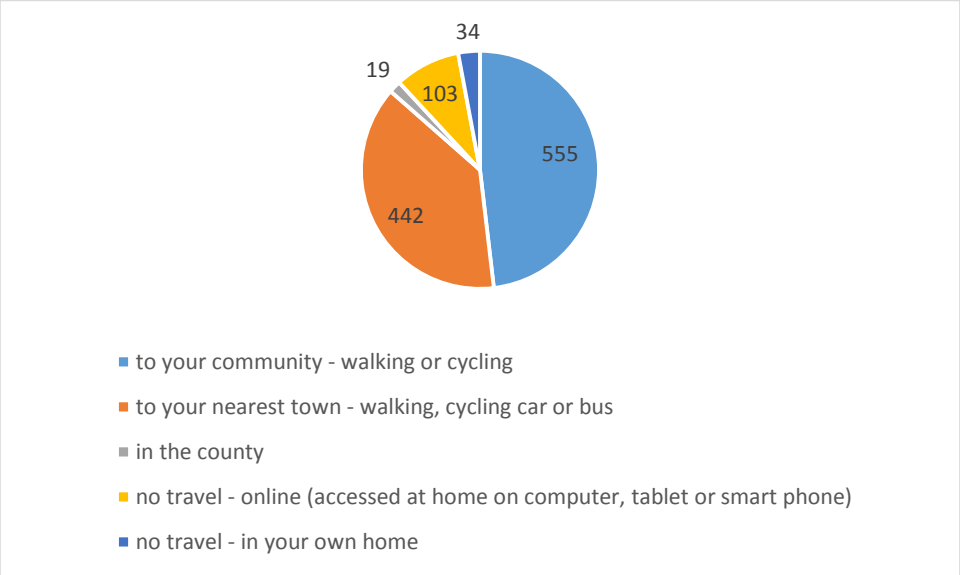
When asked who the new service may cater for respondents indicated that an all age service would be preferable (45%), although over a third supported separate services for adults and children & young people.

Where would you like to access an integrated wellbeing service?



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.

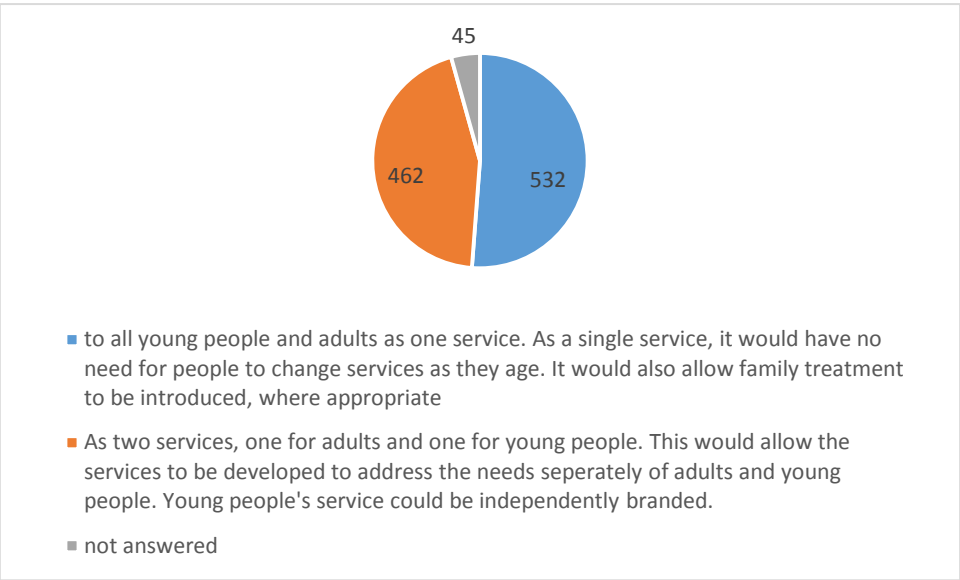
How far would you travel to use the integrated wellbeing service?



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. It is also important to consider the provision of a digital offer and supporting people who cannot travel to access the service. This response supports a place based approach, where delivery partners are encouraged to develop a locally sensitive offer that appeals to the widest audience.

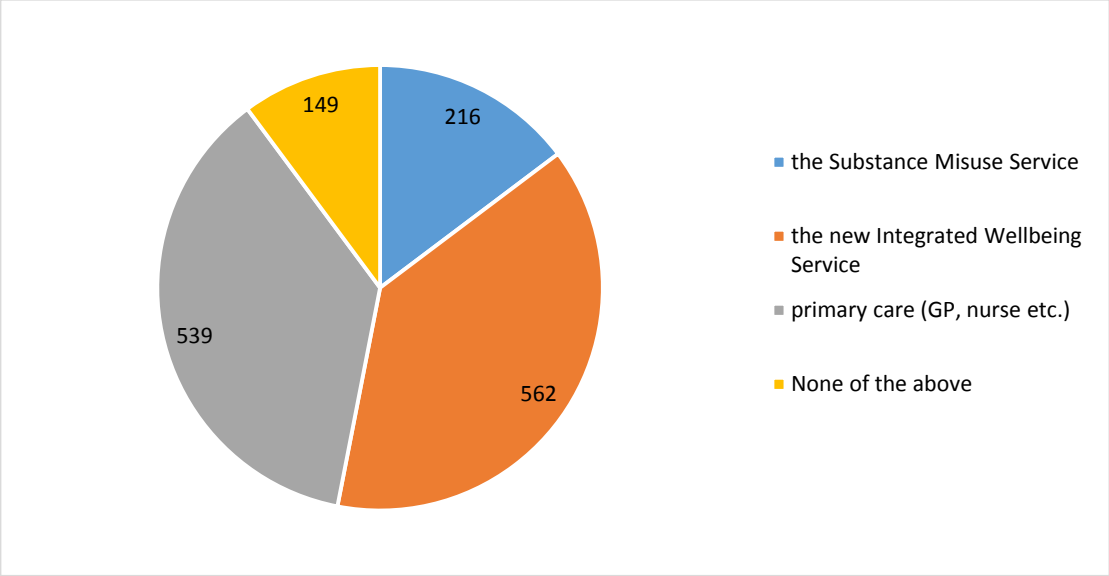
Substance Misuse Service focus

How should the Substance Misuse Service be provided?



In considering the Substance Misuse Service, one all age service was marginally preferred to having two separate services. Feedback from the consultation from both young people and professionals in the substance misuse arena expressed concerns about service users being 'lost' in the system when they reach a certain age. They also expressed concerns around how people were treated differently when they became classed as adults. These considerations will help inform the delivery partner to address the concerns and create an appropriate offer.

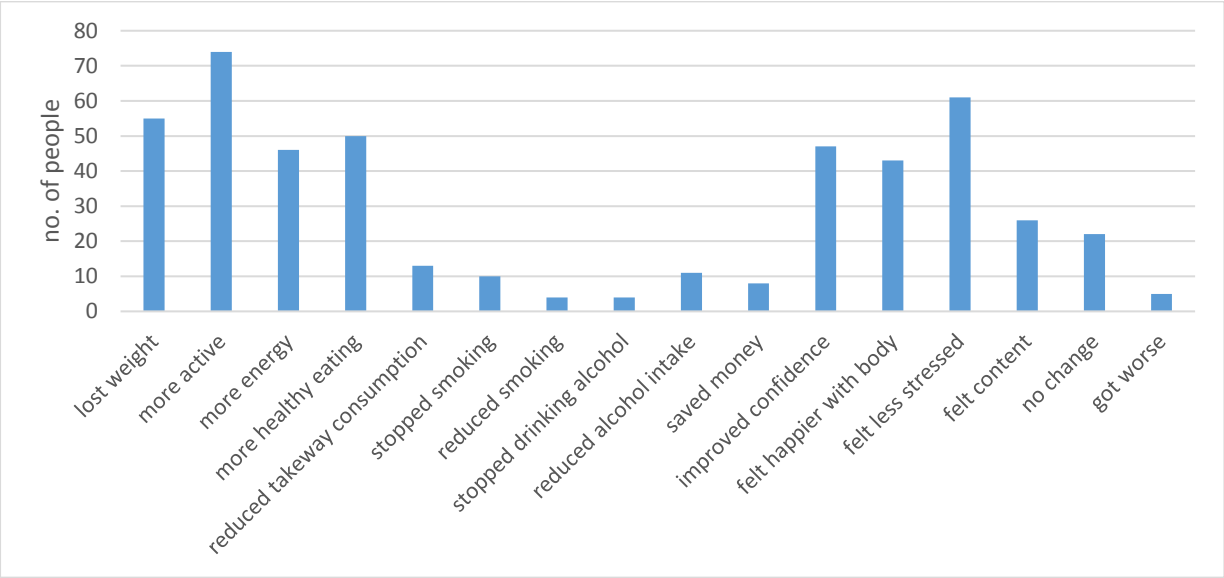
Where would you go to get treatment for low level alcohol use?



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. Feedback in the consultation events supported a view that middle age 'social' drinkers would not attend the same service as someone with a drug addiction.

Service use and experience

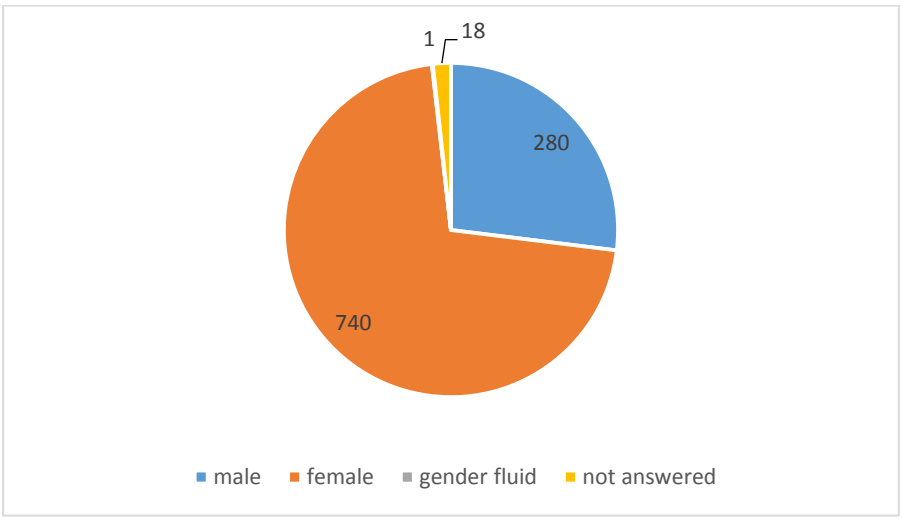
What results did you achieve from attending a wellbeing service?



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.

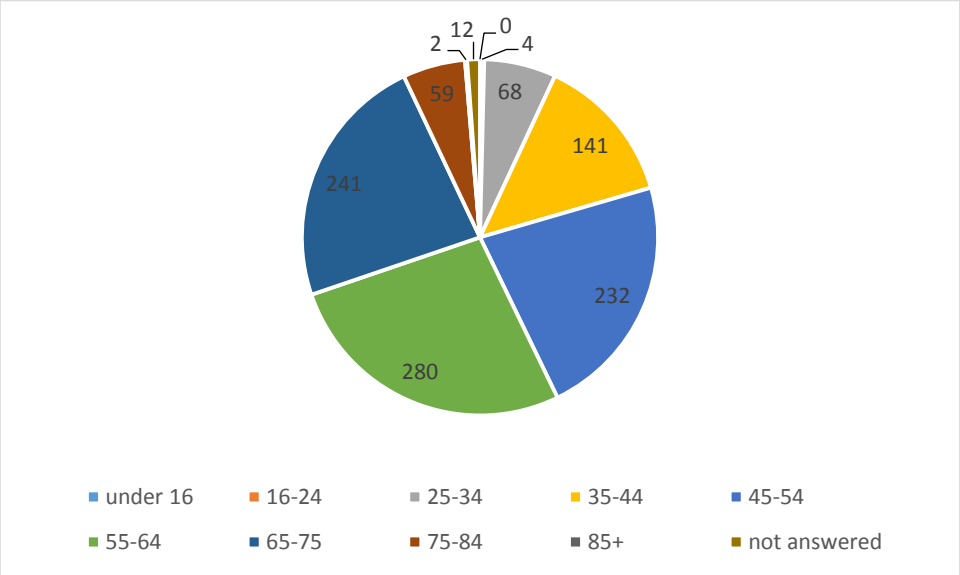
Demographics and reach of the survey:

Gender



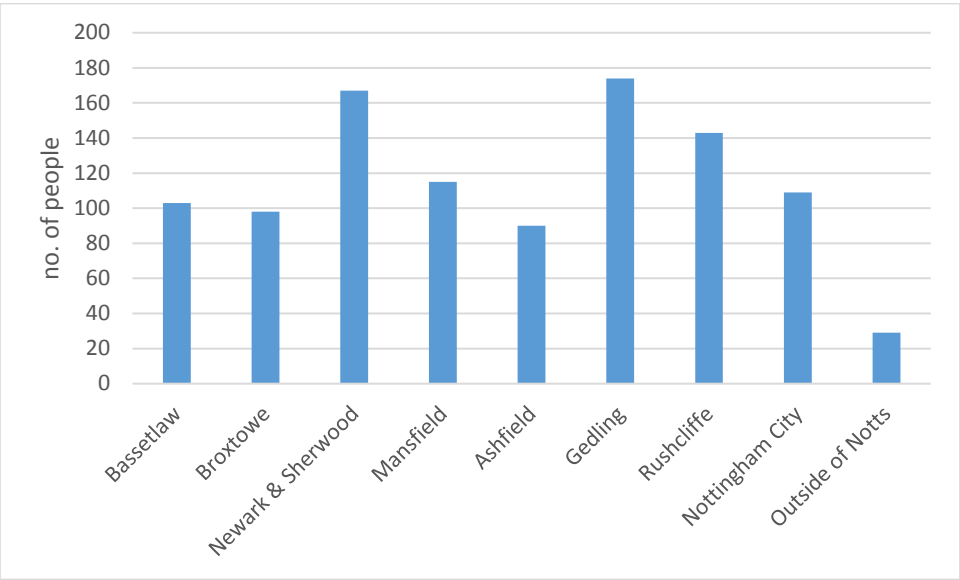
Of 1044 respondents, three quarters were female, with an age range of 45-75 accounting for over two thirds of all consultees.

Age range



This graph highlights a lack of participation in the online consultation from young people. Feedback received through consultation was that the online consultation was not young person friendly and further consultation will take place with this cohort. A member of the public health team has addressed the Young Person's Board and a number of measures have been agreed to engage them in the commissioning process including a more relevant consultation and involvement in the procurement process.

Responses by district



District	Number of responses	Number as a percentage
Bassetlaw	103	10%
Broxtowe	98	9%
Newark & Sherwood	167	16%
Mansfield	115	11%
Ashfield	90	9%
Gedling	174	17%
Rushcliffe	143	14%
Nottingham City	109	10%
Outside of Notts	29	3%

Gedling, Newark & Sherwood and Rushcliffe provided the largest number of respondents but there was a good representation from all districts. Further, district specific consultation summaries are being developed and will be shared with relevant contacts. 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 survey analysis:

Qualitative responses could be broadly split into five themes

1. Access & transport
2. Environment
3. Health and services
4. Individuals and community
5. Knowledge and resources.

Common issues raised included public transport, provision of parks and green spaces, primary care and mental wellbeing, cost, personal responsibility, awareness of services and funding levels.

1. Access and transport

“Better support for isolated individuals in the country with no access to transport.”

“Make sure services are accessible not just online – it’s a barrier to some.”

“Improvement in local transport links and more activities provided at local community centre.”

2. Environment

“Perhaps more use of public parks for health initiatives. People seem reluctant to make an effort to be part of the community, some sort of initiatives needed to encourage this.”

“Well-being for me is more about what the environment and community provide, not what services are on offer. Parks, walking routes, car free zones, and green space would be important. Better availability of healthy food is a must. I rarely go out to eat, because it is always a struggle to find something healthy. And finding healthy lunch is impossible. I never struggle to find healthy food in Sweden, but in Nottingham I have given up looking to buy healthy options and I just bring my own food wherever I go. Passive smoking is still a problem, the outside seating areas in pubs are now smoking areas, so that non-smokers have to sit in the smoking area if they wish to be outside.”

“Traffic blights my locality especially in rush hour. Fumes are a continual problem near roads.”

3. **Health and services**

"The suggested services do not appear to be aimed at elderly or disabled people who may not be able to easily access these services."

"Incorporate into primary care needs to be all under one roof."

"I know of friends and family members that have wellbeing problems (particularly about anxiety) who are particularly reluctant to go to the doctors as they feel it will waste a Dr's time. When untreated I have seen these issues escalate to worse mental health problems so I feel a service that focuses on wellbeing and works to prevent worse conditions is a positive."

"Continuity of the same person you see helps to build a trusting relationship between you."

4. **Individuals and community**

"Problem gambling is a public health issue that should form part of your consultation, it's a shame this wasn't mentioned."

"If there is a wellbeing centre would there be much privacy. If people were seen going there, or into one of the departments, this could be embarrassing, according to the problem."

"Wellbeing services need to be available and accessible for everyone not dependent on the address, salary or whether working or not. Also they need to be at different times to allow access for those that work full time and also family access for a whole family approach. We need to have more community services in the County instead of ploughing the money into the inner city services and focus on integrating with services already available and under used such as health visitors. More should also be done in schools and employers should have more available during work time to access."

5. **Knowledge and resources**

"Support for people wanting to improve their health should be offered to all across a variety of settings including online."

"Communities would benefit from easier access to advice services that tackle underlying issues like debt and housing problems which often lead to or contribute to poor health and wellbeing."

"It sounds like something likely to spread staff already in short supply even more thinly!"

"The cost of sports activities at leisure centres is very high, especially for those on low incomes."

Qualitative Summary:

Qualitative feedback from the online consultation supported a number of key considerations. There was a strong message that an integrated wellbeing service should cater for those that cannot physically access a service, through telephone or online support, or if problems with mental health were a barrier to physical access. Additionally, responds to the consultation were keen to see some provision in home, and the community as not all would have the skills or provision to access services online. This will be addressed by creating a model that provides both remote and well provided physical access to the service.

There were a number of calls for there to be continuity in the approach taken. Continually recommissioned services with short term funding and constantly changing names. Commissioners will take this on board and it will be reflected in the proposed contract length.

Mental wellbeing is seen as key to tackling negative health behaviours. A common theme within the qualitative feedback was that a service should start with mental wellbeing as this can often be a barrier to addressing other negative behaviours. The new model will contain mental wellbeing as a 'golden thread' throughout all aspects of the service and all staff involved will be appropriately trained.

The qualitative feedback received from the online consultation broadly supports themes seen elsewhere in the consultation. Being able to address what is most important to an individual's health and being able to access just one service was seen as appealing. Mental wellbeing continues to be a key theme of the consultation and there are a number of references to the wider determinants of health such as green space and housing. Other themes include isolation and the continuity of service delivery partners. The provision of face-to-face and in home support for certain groups is also supported.

Consultation event summary:

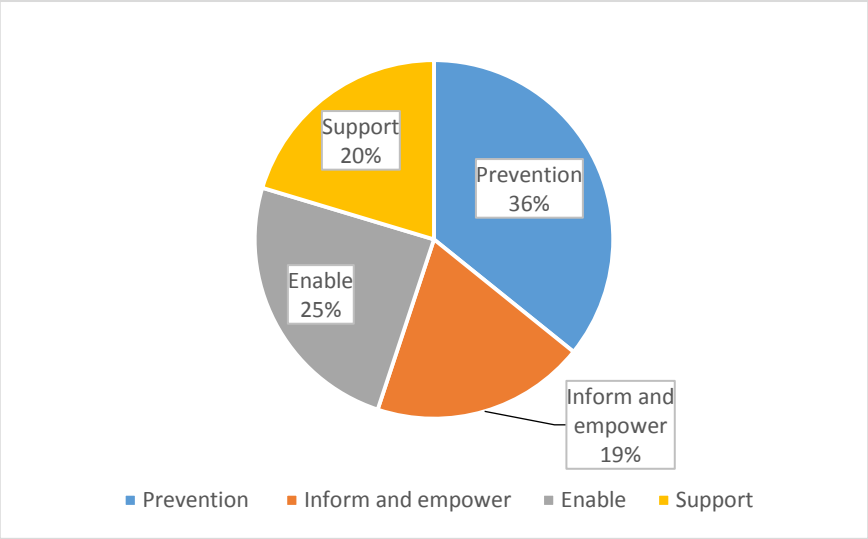
The events reflected the wider consultation but provided key opportunities to engage on a face-to-face platform and allow the opportunity for participants to expand. Delegates favoured a preventative approach to weight management allied to high levels of support around substance misuse. Concerns were raised around vulnerable groups accessing services, as well as access to the internet. Environmental concerns included the proximity of fast food outlets to schools, and social media pressure on young people. Having a job, feeling valued and better health education were also raised.

In addition the transition of young people throughout services in the life course was discussed. A social prescribing model was also favoured but there were worries that practitioners may have a dilution of skills if expected to cover a range of behaviours. It was also suggested that it was important to address the 'root cause' of negative health behaviours, particularly if poor mental health was a barrier to participation.

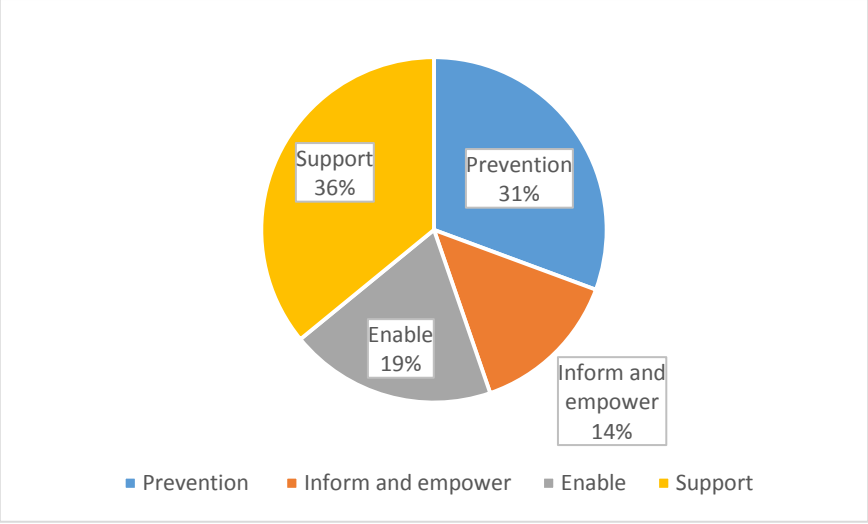
Voting Exercises at the Consultation Events

Participants were invited to vote on which aspects of services they regarded as most important to both the Integrated Wellbeing and Substance Misuse services, as shown in the pyramid model below. For the Integrated Wellbeing agenda, prevention is seen as the most important area, with information, enabling and support for the most at need all scoring similarly. Regarding Substance Misuse, prevention again is seen as important but there is a larger focus on support for this cohort.

Integrated wellbeing agenda focus



Substance Misuse agenda focus



Healthwatch Summary:

Healthwatch staff were briefed by Public Health on the Commissioning Intentions programme of work including approach, terminology and current service provision.

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.

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.

There was a strong view that mental wellbeing could be the 'root cause' barrier to more positive health behaviours. It was noted that long waiting lists for services could also be a barrier as mental wellbeing fluctuates over time.

Some participants expressed concerns over the constant recommissioning of services, and how it was difficult to know who to approach or what services were called.

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.

Recommendations included:

- Agree a name for the service and keep this name consistently
- Reduce delays in being seen once referred or provide an 'interim service' particularly around mental wellbeing
- Support people with low level mental wellbeing to access services by offering a flexible approach that addresses their individual needs
- Provide an integrated well-being service but consider separate session times for smokers
- Address mental health wellbeing in order to reduce unhealthy behaviours
- Provide wellbeing services in local areas in familiar places e.g. GP surgeries and be able to access the same person each time/ a consistent practitioner each time
- Where possible provide services to carers in their homes or by telephone

The full Healthwatch report can be found on Nottinghamshire Insight
https://www.nottinghamshireinsight.org.uk/

How the consultation has shaped the Public Health services development

The consultation findings have helped to form the models, specifications and wider thinking for both the integrated wellbeing service and substance misuse service agendas.

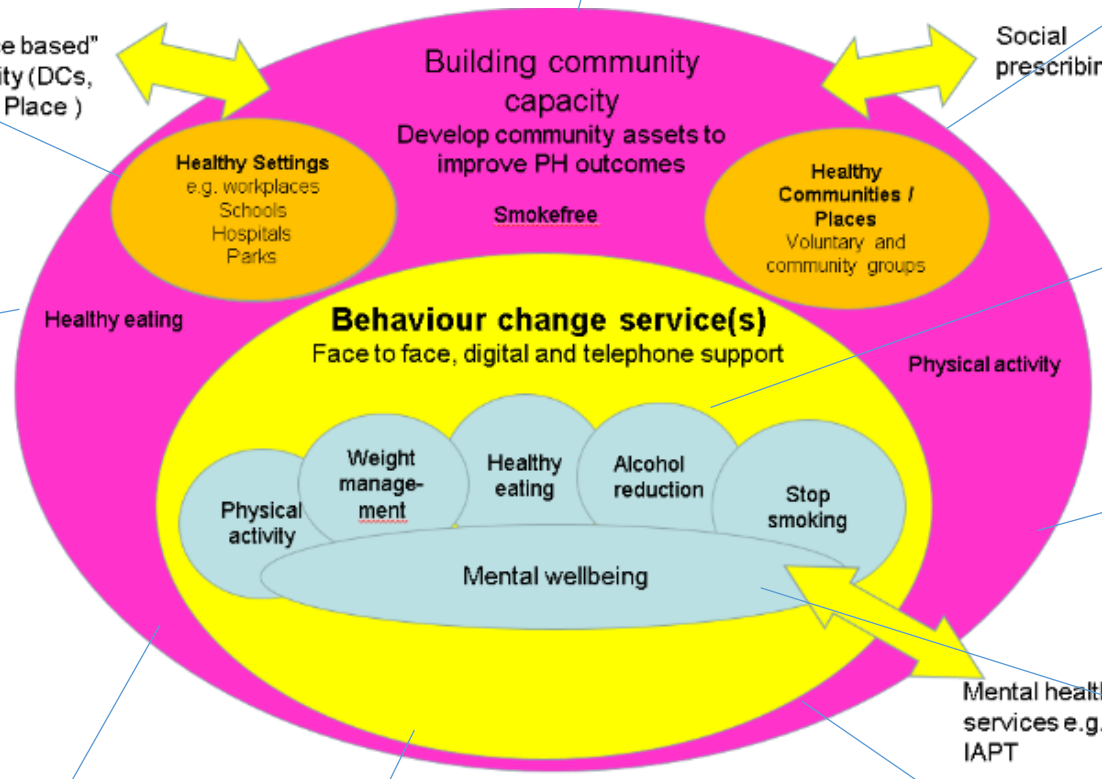
In Figure 1 you can see how the feedback from all aspects of the consultation were used to develop the proposed service IWS model.

Responses have been broadly themed and we can see how what is important to people relates to aspects of the Integrated Wellbeing Service model.

Feedback has largely favoured a preventative approach with support for the most vulnerable groups. This is reflected in the pyramid model encompassing prevent, inform, enable and support elements.

Figure 2 highlights how the information from the voting exercise and the prioritisation of wider influences has been included in the service delivery model.

Figure 1: Consultation responses and IWS model



Access to support and transport

Public transport especially rural, improve cycling routes, consider needs of deaf, disabilities, LD, increasing numbers of older people, post pregnancy, CYP, use of interpreters, internet access varies, opening times, know how to access, via workplace, access via GP, follow on from age related MOT, cost of fitness / gym classes, waiting times, in home offer, face-to-face, telephone, IAPT, screening, apps, social media

Knowledge

Knowing where services are and how to access them virtually or physically, knowing how to lead healthier life, self-care, taking personal responsibility, prevention, education, relationship with food, recommended websites, improve diet, volunteering opportunities, smoking and mood

Environments

Parks and green spaces, subsidised or affordable fitness programmes, improved cycle routes, better quality environments in schools, housing, care homes, leisure centres, youth centres, Trauma informed, fewer fast food outlets, social media, peer pressure, ↓processed food, ↑access to healthy food, smokefree areas, work/life balance

Alcohol IBA

Everyone delivers IBA like MECC.
IWS delivers IBA as part of offer.
IWS trains the community assets to deliver.
Who pays for this?

Model / approaches / service

Not medically focused, prevention, joined up, Starting conversations, setting goals, person centred, enquires about and addresses root cause, I statements, personal plan, motivational interviewing, ACEs, Trauma Informed
Social prescribing, health coaches, link workers, volunteering, builds on lived experience, solution focused
links you to meaningful activity and local courses / programmes, peer support, ↑physical activity, suitable physical activity, ↓medication, weight loss, signposting, manage LT conditions, slimming clubs, pregnancy, SPA/one stop, locally based, group support, longer term support, ↓smoking

Scope / Other issues raised

Debt, budget management, access to healthier food, housing support, state of wider economy

Mental Wellbeing

Improve MH, remain stimulated, specific support, lack of support, access to MH support, impact of MH on overall health, PA & MH positive link

Model separate v all age

All age service will improve transition arrangements
All age will need ring fenced YP budget and close monitoring
Separate services but with an 18-25 offer

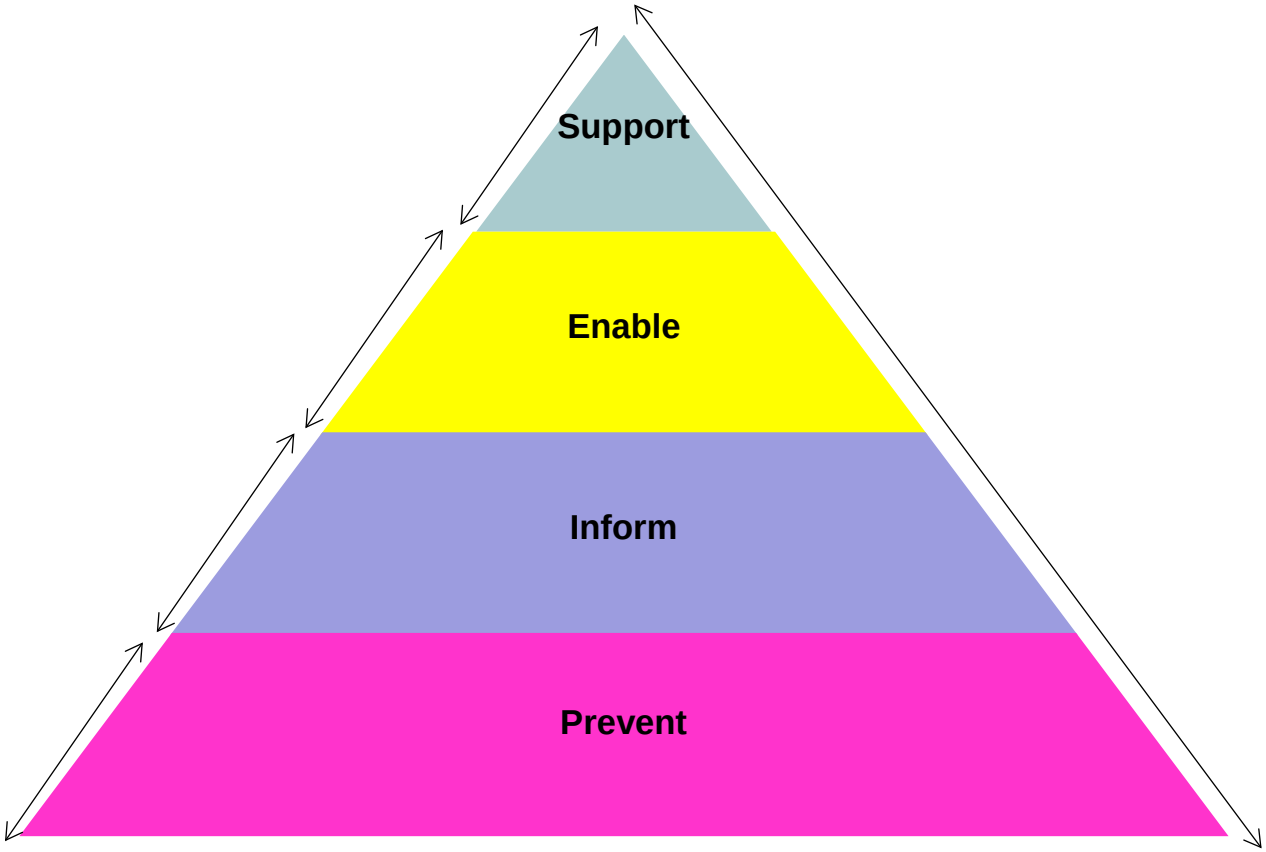
Risks

What is affordable? Case mix and Service utilisation - a few with multiple issues or many who want to change behaviour slightly
Advisers not knowledgeable on all issues equally
Dilution of specialism
Delay following initial contact / assessment
can service cope with initial demand following launch
Reduction in funding of Vol Sector less capacity

Integration

Positives – aid age related transition and address more than one issue concurrently or consecutively
Negatives – wait following initial assessment, loss of specialism, poor initial response from advisor can put you off

Figure 2: IWS Delivery model



Conclusions

Engagement levels from the consultation process have been good enough that we can see with some clarity what is important to the health and wellbeing of the Nottinghamshire community.

These views have been used to inform the design of the Integrated Wellbeing Service model, and provide a number of indicators to service delivery partners.

It is clear that there is support for an Integrated Wellbeing Service, however there are some concerns around how practitioners may have to spread themselves thinly to provide an effective intervention.

A person centred, all age offer in places familiar to service users would be preferred. Consistency of name, practitioners and approach with a strong focus on mental wellbeing.

A locally sensitive element is key to build community capacity and sustainability, while also aiming to address the wider determinants of health that are clearly important to people who engaged with the consultation process.

The wider aspects of the consultation process successfully identified a number of barriers and potential solutions to participation in wellbeing services which can be used to inform service delivery partners.

Some limitations were noted in the consultation process. A large number of professionals attended the consultation engagement sessions. While it was useful to gain insight from people involved in the various agendas included in the new service, greater face-to-face engagement with the public was desired. In mitigation of this, there was excellent uptake of the online consultation and successful reach through Healthwatch and targeted sessions. Engagement with young people was poor but is ongoing.

District consultation reports will also be available soon.

Information will be available on Nottinghamshire Insight
https://www.nottinghamshireinsight.org.uk/

Any question please contact Patrick Meakin, Public Health and Commissioning Manager, patrick.meakin@nottscc.gov.uk 0115 804 2898