Nottinghamshire County Council

Public Health Commissioning Intentions 2020

Consultation report

September 2018

Ashfield District

Ashfield Commissioning Intentions 2020 Report

This is a summary report of the findings from Ashfield, 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 **90** responses received from Ashfield residents.

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

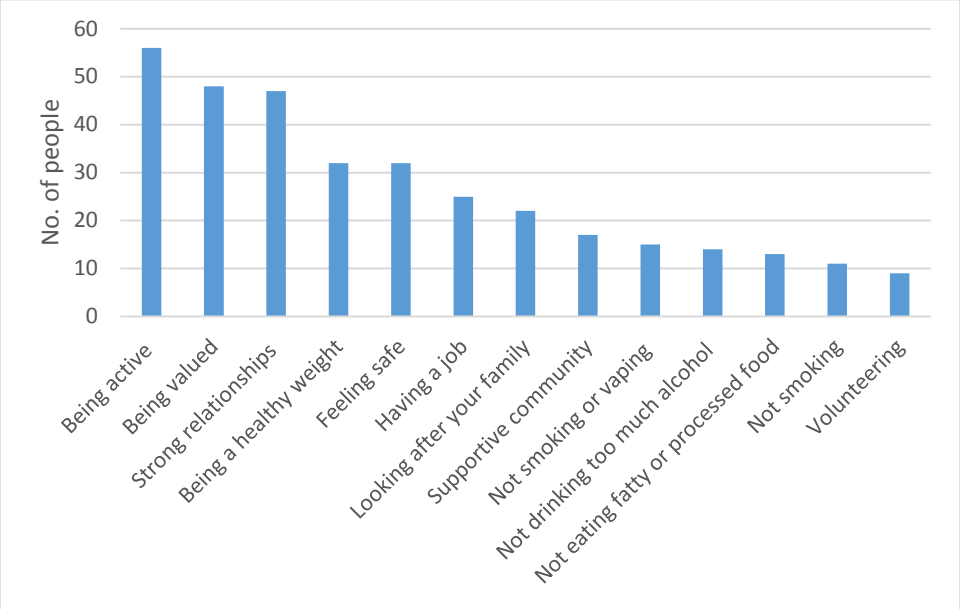
There was greater call in Ashfield for internet based support when looking to access health information.

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?

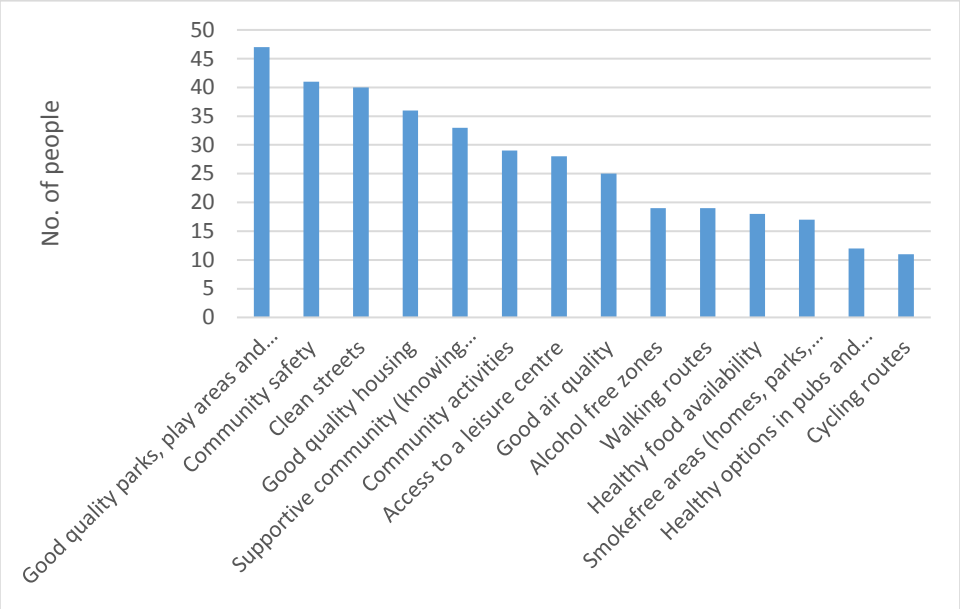


"Not being lonely"

"Being able to get enough sleep, Have the ability to afford to eat properly, To not be bullied in the workplace"

"Walking my dog"

What do you think improves the wellbeing of your community?

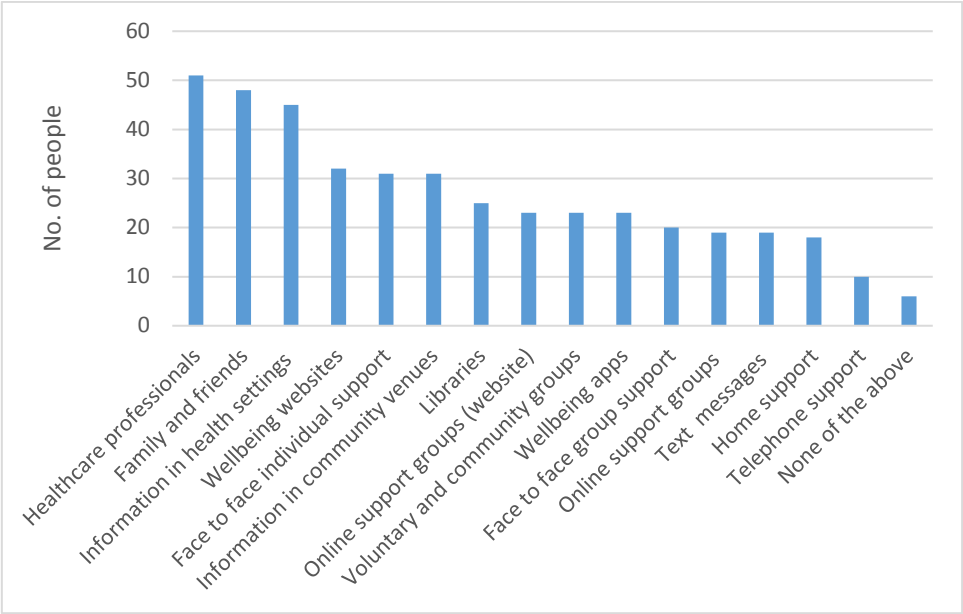


"Provisions for families of young children, supportive services on offer."

“An informal 'curfew' on noise late at night would be great”

“Access to employment/volunteering”

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

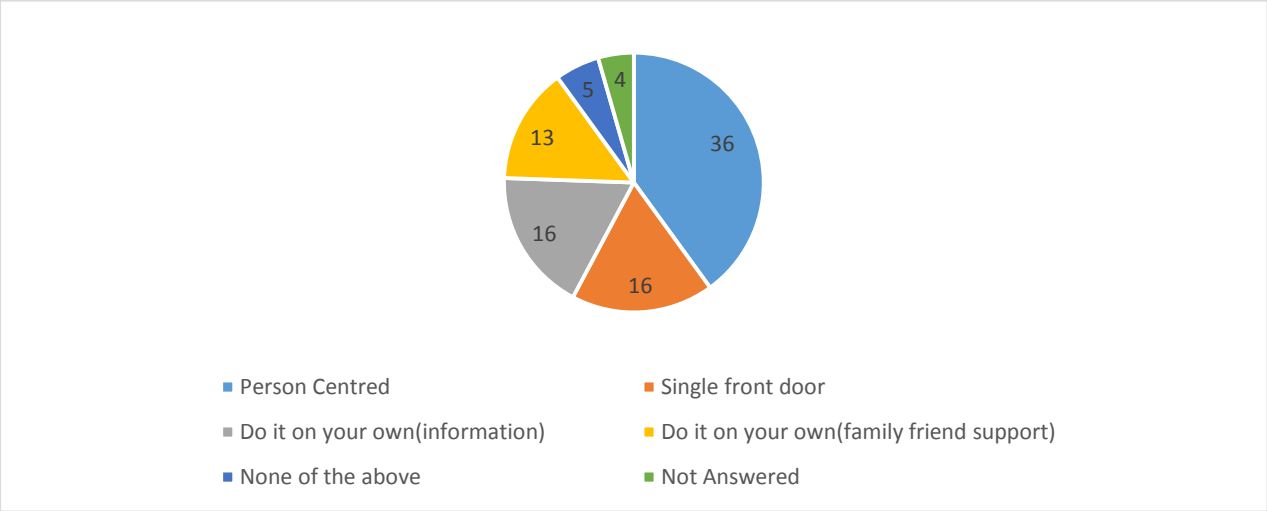


“Specific mental health support. Not being excluded from services due to multiple needs which include mental health.”

“Outdoor free gym spaces”

“Children's Centre support has been invaluable in my community and I strongly wish to see this in the future”

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

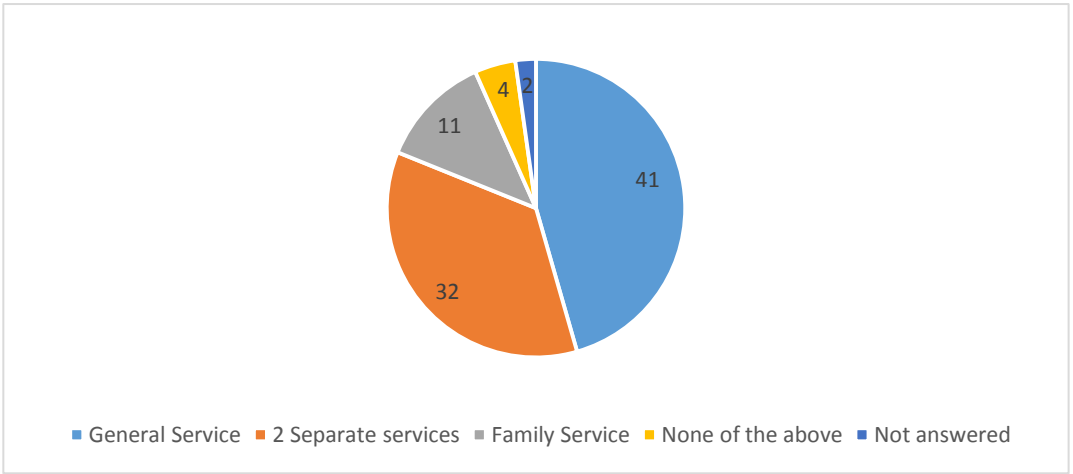


"When do you imagine I get time to think for myself let alone do any of these even if I needed to? (I need to be more active for myself but my caring role is very demanding of my time hence I am doing this at 11pm)"

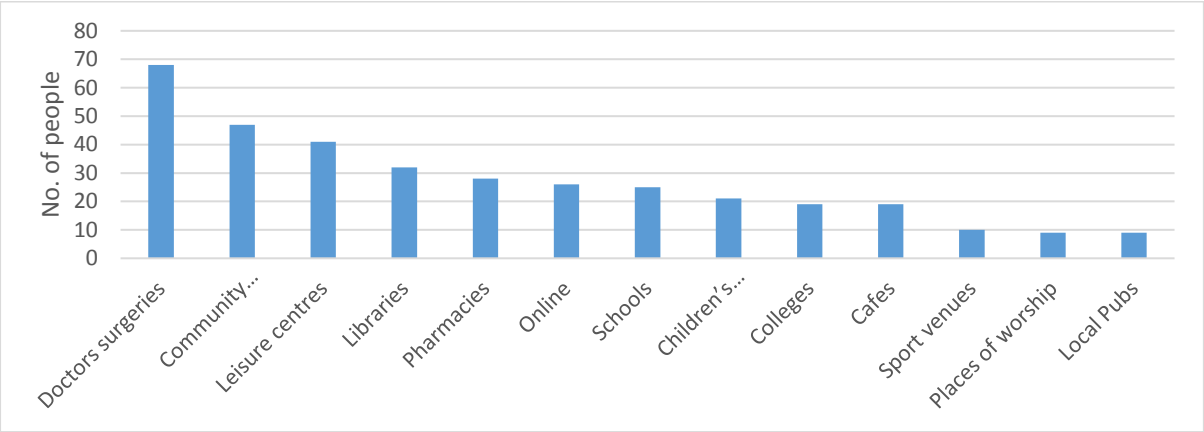
"Joint between a person centred service to assess needs but then I would be happy to go to alternative specialist services to address these needs i.e. smoking cessation group and a weight management group whilst also having 1:1 appointments for mental wellbeing."

"Access to national groups with expertise in specific areas, supported access to groups like leisure facilities gyms and weight loss groups."

Who should the Integrated Wellbeing Service be for?



Where would you like to access an Integrated Wellbeing Service?

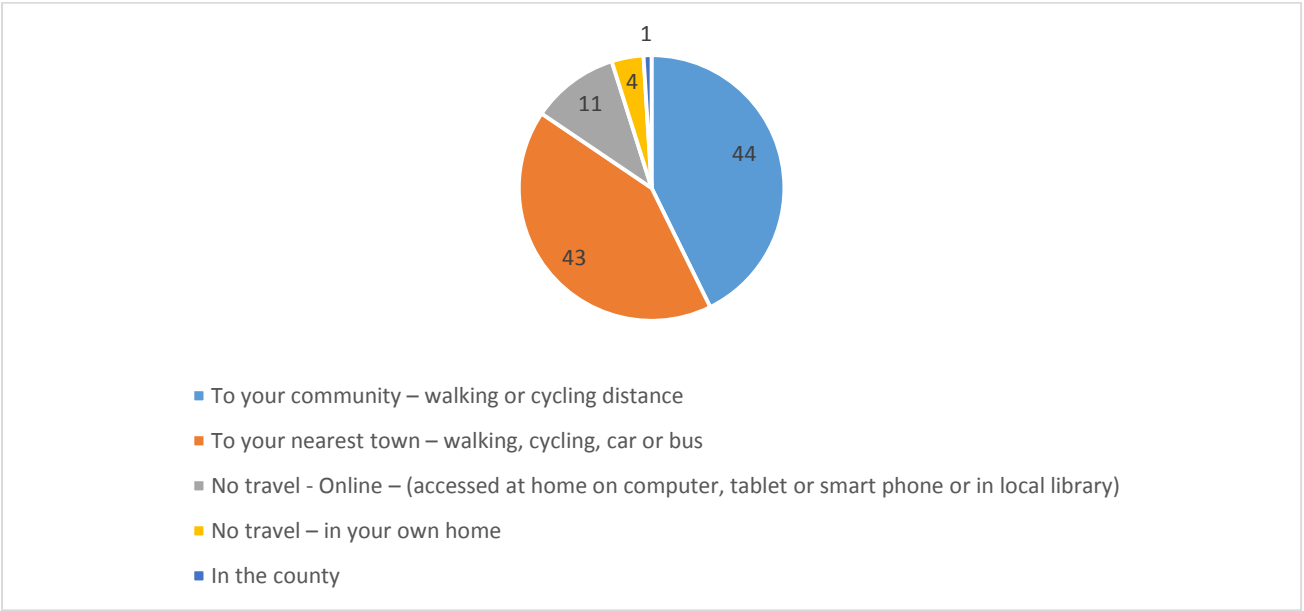


"Venues that are open and welcoming, it doesn't matter what type of building just the opening times and ease of access on transport routes etc."

"Needs to be free & run by experts, not well meaning do-gooders & definitely not run by a company that have a vested interest."

"Any community place.... preferably not associated with illness... but a friendly, neutral building that is easily accessible, non-threatening and without an imbalance of 'power' which may make me feel ashamed or intimidated."

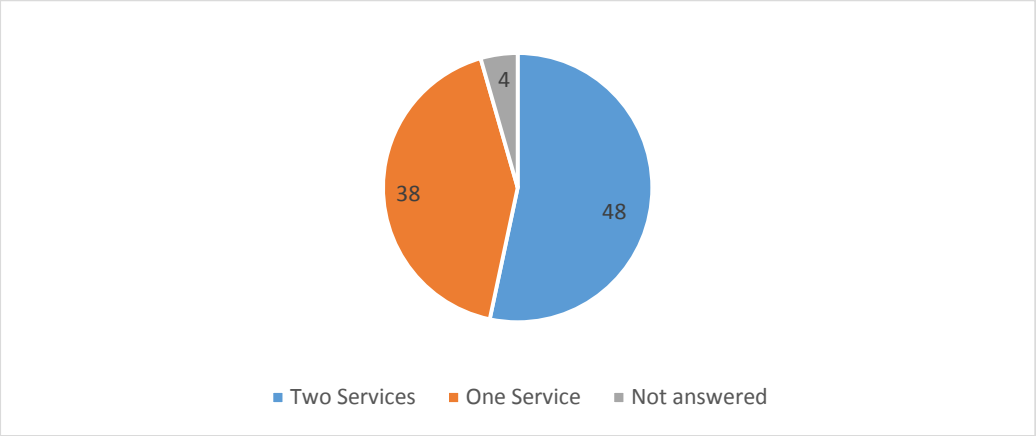
How far would you travel to use the Integrated Wellbeing Service?



"There should be options for online information for people able to access this but there should always also be face to face option as not everyone has equal access to the internet."

"Please take into account that not everyone can go out so to enable access to all disability must be filtered in and 1.1 service offered within peoples home so as they are not excluded"

How should the Substance Misuse Services be provided?

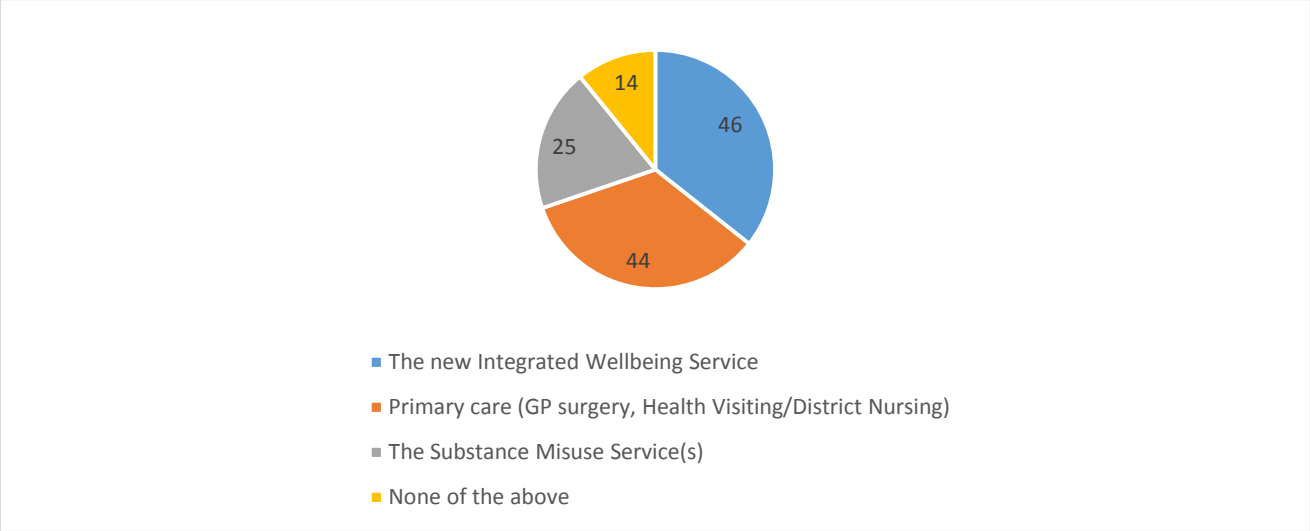


"There still always needed to be consideration of how working with a young person is different to working with an adults, but clinicians should be equally competent and qualified to work across these age and need boundaries within one service."

"Has to be separate to protect young people and avoid escalation and exploitation"

"There should be a seamless pass over of cases when children have reached adulthood

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.

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.