

## Appendix 4 – Summary of findings from consultation and engagement

Public consultation was completed over a 10 weeks period between June and August 2018. It included; surveys (electronic and paper), public and stakeholder sessions, and some targeted activity with communities of interest. External support was commissioned from Healthwatch Nottingham and Nottinghamshire (HWNN) who completed additional focus groups with existing groups from across the county identified as having a seldom heard voice. The table below outlines the activities undertaken and the numbers of participants reached.

| Consultation Approach    | Activity summary  | Number of people reached |
|--------------------------|---|--------------------------|
| Survey                   | A survey was developed and uploaded onto the Consultation Hub.<br>Paper surveys (with prepaid envelopes) provided in community venues and by request. Survey distributed widely through PH contacts, and partners in the County Council, District Councils and CCGs. Our engagement log demonstrates that 43 groups/individuals were initially provided with the link and encouraged to circulate widely. | 1044                     |
| Engagement sessions      | 6 engagement sessions were delivered in July 2018, in the North, Middle and South of the County. These sessions explored in models and the approach.  | 71                       |
| Targeted sessions        | Emerging gaps were addressed through targeted engagement sessions, these included; <ul style="list-style-type: none"><li>• Attendance at Youth Parliament (18 July 2018)</li><li>• Session for deaf community (8 August 2018)</li><li>• Attending Pride (Nottingham) (28 June 2018)</li></ul>   | 12<br>3<br>n/a           |
| Healthwatch focus groups | 9 consultation events completed over June and July 2018.  | 68                       |

The consultation focused on:

1. Understanding views about what improves or prevents health and wellbeing
2. The range of means by which people seek health information
3. Experience of using current behaviour change services
4. Views on the acceptability/desirability of the scope of the services
5. Considerations about orienting specific services towards a remit which is all-age or targeted at specific ages
6. The locations and settings in which services would be best delivered.

### General feedback

The public consultation highlighted the importance of health behaviours and the wider determinants of health role on individuals' health and wellbeing. These included physical activity, strong relationships, being valued, housing, environment,

employment, good public transport, good community services and having easy access to healthcare.

The public preferred health information to be delivered face to face however the role of technology was identified as an opportunity. Healthcare professionals would be the preferred choice for accessing health information but there was also a strong role for family and friends, wider health settings, voluntary groups identified.

Those who had accessed services believed that the help was not given for long enough or sessions were too short. Accessibility was a problem for some, but others were happy with the opening hours and locations of the sessions. The sessions were considered to be friendly but costs could be prohibitive. Those who have accessed services were generally satisfied with the results they had achieved.

There was generally a good level of support for an integrated behaviour change service. It was noted that a 'one stop shop' approach to health behaviours with a single point of access would be desirable. There were some concerns that practitioners may not be specialists and skills may be diluted. A longer term approach with a consistent name and practitioners would be needed to embed the service in the community. There was some suggestion that separate sessions may be needed for smokers.

There was support for an all age service but it was highlighted that there may need to be some different communication and promotion methods used to meet the different age groups requirements. There is ongoing consultation with young people's services to ensure a service which best meets their needs. It was identified as a positive that service users would not get lost in the system when they reached a certain age. There was less support for a family based service.

There was strong feedback that the services should be delivered locally, within communities. Primary care was the preferred location for service delivery, however a range of community venues such as community centres, leisure centres and libraries had strong support. It was also identified that the voluntary sector has a role to play. There was further indication to support the presence of a digital offer for those who could not travel or would prefer this option. A fifth of respondents called for a home based option.

Healthwatch completed a separate and objective evaluation with 'seldom heard' communities. They found the following;

- Participants outlined their barriers and solutions which were grouped into themes i.e. institutional, psychological, financial, geographical and environmental. These included such matters as not knowing where to go, delays once referred, how mental health issues had led to unhealthy behaviours, cost of healthy foods, distance to services and treatments that did not suit them.
- Focus groups and semi structured interviews indicated that the majority of people were in favour of an integrated wellbeing service in their local areas that starts with addressing their mental wellbeing - described as the underlying factor leading to unhealthy behaviours. Opinion was split as to whether a family or separate service for adults and children and young people would be most appropriate.

Healthwatch recommended that the Council commission an integrated service in local areas which has mental wellbeing at its core. This service needs to be easily identifiable and have flexible access which responds to individual needs in a timely manner. The overview report from Healthwatch is available on request

There will be an additional consultation evaluation reports completed and shared with the districts, outlining the local issues and how responses were similar/different from the County wide overview.