



Health and Wellbeing Strategy Consultation Feedback

Initial findings October 2013

The consultation on the second version of the Health and Wellbeing Strategy ran from 27 June to 26 September 2013. It aimed to invite views from members of the public, professionals, service providers and members of the community and voluntary sector. This paper gives an overview of the responses.

The focus of the consultation was via an online survey accessed via the Nottinghamshire County Council website and through a series of seven consultation events in each of the districts within the county. Feedback could also be submitted via a freepost address and an email address.

In total 268 responses were received through the online questionnaire, freepost address and on email and around 170 people attended the consultation events.

The consultation events generally consisted of introductory presentations from a member of the Health and Wellbeing Board, the Associate Director of Public Health, the local district council, the CCG and Healthwatch. These were then followed by discussions which focused on whether participants agreed with the principles and priorities within the Strategy and how the community and voluntary sector could be engaged to support delivery. Comments made as part of these discussions have been included in this summary.

1. How would you like to be kept informed about the Health & Wellbeing Boards work?

The majority of respondents requested email updates. Updates in local media were also requested and further consultation events.

A request was made that agenda items should be circulated to district and borough councils in advance of the meetings to allow for appropriate representations and input and that decisions and actions agreed by the Board should be available in a timely way.

2. How are you responding to this survey?

Nottinghamshire County resident	189
Nottinghamshire County Council employee	21
Councillor or politician	2
Voluntary organisation	18
Local business	3
Local community group	8
Other	25

Respondents listed as 'other' included carers, district and borough councils, integrated commissioning groups and NHS organisations.

3. If you are responding on behalf of a group or organisation please state which one:

Over 100 local and national organisations responded to the survey to date and are listed in Appendix 1.

4. If you are responding as a County resident/member of the public, in which area of Nottinghamshire do you live?

Ashfield	32
Bassetlaw	29
Broxtowe	31
Gedling	30
Mansfield	13
Newark & Sherwood	21
Rushcliffe	36

5. Do you think that the principles are right for the Health & Wellbeing Board?

In general there has been support for the three principles at the consultation events and in the survey responses. The online questionnaire attracted 122 responses, of which 112 agreed with the principles.

There was support for encouraging people to take responsibility for their own health and wellbeing and for encouraging healthy lifestyles. Behaviour change and social attitudes were mentioned as key to all three principles.

Concerns were expressed regarding supporting people to be independent and that this may increase burdens on carers and a negative impact on the vulnerable elderly and compound social isolation issues. These comments may reflect a lack of clarity within the wording of this principle however as it should not imply a lack of appropriate support.

There was also concern that some groups such as the very young and vulnerable older people may not be able to manage their own health. It could also be seen as a desire to reduce services.

Comments were made that children may need to be supported to achieve independence rather than maintain it.

Integration was largely welcomed although comments were received that this should not be at the expense of specialist services.

6. What other principles would you suggest to improve health and wellbeing in Nottinghamshire?

Other suggestions for inclusion in the principles included:

- Greater emphasis on mental wellbeing ensuring parity with physical health
- A commitment to ensuring value for money, equity in provision & consultation with service users
- Targeting services to areas of most need
- Learning from and building on research based good practice
- Taking note of people's concerns & anxieties with regard to service provision
- A proactive approach
- Innovation
- Improved services for families with children with SEND
- Promotion of inclusion, diversity and fairness
- Improving quality of life, particularly for those with a long term condition
- Engagement with the voluntary sector and service users
- Improved awareness of natural green spaces in improving health and wellbeing
- Improving the wellbeing of people with sensory impairment

Greater emphasis on tackling health inequalities was also suggested, as was clear and regular communication with the local population.

There was also suggestion that integration should involve partners in the third sector as well as health and local government.

7. Is it clear by reading the Strategy what the suggested priority areas are for 2014-16?

Most people agreed that the priority areas were clear but there were a number of concerns raised about the content and format of the Strategy document.

Comments were received regarding the timescales around implementation and assessment of outcomes.

Recognition of the change in the economic climate was highlighted and a number of respondents recommended that the impact of unemployment and debt should be included.

There were comments about the length of the document, complaints that too much jargon was used and clearer demarcation between principles and priorities should be made.

There were also comments through the survey responses and at the events that older people were not given a higher priority.

8. Do you think we are prioritising the right actions to improve prevention and early intervention?

There were 117 responses to this question via the on-line survey, 85 of which agreed that the right actions had been prioritised to improve prevention and early intervention. 12 did not agree and 14 did not know. See Q.10 below for comments regarding omissions & views.

9. Is there anything you think have missed as a priority?

There were 63 responses to this question via the on-line questionnaire which were general supportive of the priorities to support prevention and early intervention.

The need to work with children within education was a strong theme in the responses and with families through leisure services and Surestart centres.

A number of responses highlighted the impact of exercise and physical activity on health and wellbeing and in particular the role of partners in the delivery of these services.

Mental health issues, particularly in children and young people were a concern as was prioritising support for drugs and alcohol related services. The use of personal budgets for mental health as well as physical conditions was suggested.

Reference was also made to co-morbidity – those people with a physical condition were more likely to suffer with mental health problems and vice versa.

Targeting preventative activity to those at higher risk was highlighted e.g targeting smoking cessation on those with mental health problems.

The possible role of community pharmacies in prevention and early intervention was highlighted.

Specific suggestions for additional priorities included:

- Cancer prevention/screening
- Accident prevention
- Housing and homelessness (linked to the new JSNA chapter)
- The role of the NHS in preventing ill health – particularly in the management of long term conditions
- Obesity services
- Early testing for Blood Bourne Viruses & Hepatitis C within substance misuse services
- Teenage pregnancies
- Eating disorders
- Eye tests
- Child abuse & neglect – strategy focuses on the symptoms not the causes
- Domestic abuse (also links to police & crime/alcohol)
- NHS Health Checks
- Raising self-esteem and aspirations through investment in community agencies
- Sexual health
- Air quality

There were several comments about the high level of the priorities and whether more information could be provided about the direct impact of the priorities on patients & service users.

10. How can local communities & voluntary groups be engaged in achieving the outcomes?

There were 72 replies to this specific question via the online survey, although the role of the community and voluntary sector (CVS) was debated more generally within discussions at the consultation events.

There were a number of requests for some mapping of community & voluntary services/groups. This exercise was felt beneficial to identify gaps and also to prevent duplication as well as acting as a reference for the public, which was requested by a number of respondents. There was also a request that this should link health and social care in addition to voluntary & community organisation and that clear pathways are identified.

There were calls for CVS groups & organisations to be involved in the Strategy at the earliest possible stage in development as well as implementation.

There were requests for support for CVS organisations and for regular contact with professionals, as well as providing support and training for volunteers and staff.

Specific suggestions include:

- Communication through CVS groups & organisations to get messages to service users
- Utilisation of patient groups in GP surgeries and CCGs
- Extending the Strategy to include a chapter on citizen engagement & feedback
- Developing local champions & advocates for the Strategy/Health and Wellbeing Board
- Integrating aims into parish council meetings
- Referencing CVS organisations in the partners section of the strategy
- Utilisation of district and borough council partnership groups
- Utilisation of community pharmacies to provide information and training to carers

Several responses raised concerns that CVS should be there to support the strategy but should not replace professional services.

11. Do you think we are prioritising the right actions to support independence?

There were 113 responses to this via the online questionnaires. 81 agreed that the right actions were being prioritised. 11 said no and 21 did not know. Further comments are included in Q.12 below.

12. Is there anything you think we have missed that should also be a priority (supporting independence)?

There were a number of general comments which echo those reported in Q.5 which may indicate a lack of clarity around the principle of supporting independence which could be addressed by rewording this section.

There were a number of comments regarding recognition of self-care and the Expert Patient Programme, particularly within the Adult and Health Inequalities priorities.

There were a number of comments regarding the importance of physical activity in supporting independence and also links to appropriate transportation networks.

Responses included some specific suggestions:

- Joined up health & social care services for patients being discharged from hospital
- Ensuring signposting to services – particularly parents of disabled children
- Supporting victims of domestic abuse and associated issues such as alcohol dependency & ensuring local service provision to maintain support from family & friends
- Support for the Sanctuary Scheme for victims of domestic abuse
- Support for young people affected by domestic abuse
- Improving public mental health and resilience
- Extend actions for young people and their transition to adult services & independent living – especially those with long term conditions & disabilities
- Recognition of carers & appropriate support & that they are included in planning care for their service user
- Integration of community pharmacies in supporting people to maintain their independence
- Targeting services to wards suffering from child poverty
- Housing with emphasis on affordable warmth and reducing excess winter deaths

13. How can local communities and voluntary groups be engaged in achieving the outcomes (supporting independence)?

Many comments within responses to this question were duplicated from Q.10. There were some additional comments specific to this principle though.

A number of respondents felt that the community and voluntary sector was key to supporting the principle of supporting independence and that communication and involvement was key. Training for volunteers was also highlighted to ensure that voluntary work enhances job prospects and personal development for those involved.

There were a number of responses which suggested good neighbour/befriending schemes and the need for this as family networks were often no longer available.

A number of responses echoed previous requests for coordination of activities, and linking to the contracts of social care providers. There was a suggestion of regular 'Who can I turn to?' events to encourage voluntary & community organisations to publicise their services and requests for auditing for CVS services & for consultation events to assess local wants & needs.

Other comments included:

- Voluntary groups don't want to be too regulated or seen as part of a movement – they want to do their bit then go home

- Support packages for victims of DV to be delivered by third sector organisations
- Use performing & visual arts in disseminating aims

A comment was also made regarding loss of funding for CVS organisation and several individual concerns raised at the consultation events regarding specific organisations and projects. Suggestions were also received to ensure that long term funding was assured to provide security and consistency of services.

14. Do you think we are prioritising the right actions to promote integration across partners?

There were 110 responses to this question online, of which 67 agreed the right actions were being prioritised. 16 did not agree and 27 did not know. Further details of suggestions are given in Q.15 below.

15. Is there anything you think we have missed which should have been a priority (regarding integration)?

Several comments were received around establishing specific goals and actions around integration and any necessary investment required to achieve these. Feedback through the consultation events suggested clear alignment of the Health and Wellbeing Strategy within the strategies of partner agencies was required.

Improved communication between agencies was suggested, as was pooled/shared budgets, improved use of technology and shared assets.

A lack of action to promote integration for adult carers was highlighted and suggestion made that this link with the emerging action plan relating to the Integration Transformation Fund.

Feedback specific to dementia care suggested drawing on national models for integration of budgets and services. There was also a request to focus more on disabled children & young people.

Responses also suggested that while integration was key that responsibilities should be clearly defined; specifically overlap between the police and social services and with third sector involvement.

16. How can local communities and voluntary groups be engaged in achieving the outcomes (integration)?

Comments were received suggesting better & appropriate communication and engagement with CVS organisations. One response referred to the Health and Wellbeing Board model within Nottingham City where providers were engaged to provide feedback regarding services and also act as 'the voice of communities and offer a social justice function'.

The ability to feedback when services were not working well together was also raised, particularly to avoid 'patients and the public repeating their stories too many times'.

The need for statutory and voluntary sector organisations need to work together and integrate with each other for developing clear care pathways, while maintaining their own independence was highlighted.

One response also requested coordination and consistency with neighbouring services – this response was particularly around services relating to eating disorders.

Engagement & joint working with the Fire & Rescue Service to support the delivery of the Strategy was suggested as was working with the Local Pharmaceutical Committee to access the wider population.

17. Is there anything else you would like to say about this strategy or about health and wellbeing issues in Nottinghamshire more generally?

There are a number of responses which suggest the need for SMART objectives including clear goals and timescales. An indication of linkages between the various actions is also suggested and an indication of which are the highest priorities.

Strong links between the Health and Wellbeing Board and the CVS is suggested, also feeding into the JSNA process.

The financial challenges facing health and social care should be given more emphasis and linked to other national strategies and consultations.

It was suggested that the Health and Wellbeing Board could support a life course approach and identify where children's and adults services could work together across areas of the Strategy. This could then support whole families and manage young people's transition into adult services.

Responses included several suggestions around mental health services including the use of arts in promotion and development of good mental health and issues relating to the reduction in Welfare Rights Workers.

Several respondents requested that prevention and early intervention services should be accessible and a number of people highlighted difficulties in accessing GP appointments. Concerns are raised within the responses about services at SFHT, services at Newark Hospital, changes to day centre facilities and changes to health and social care which have reduced social worker support.

Other suggestions and comments include:

- consistent & regular messages through local media
- education for parents re healthy eating
- impact of exercise & physical activity across all priorities & ages
- sounds good – need to see benefits demonstrated
- concerns re people falling through cracks resulting in reliance of outside agencies
- linking health & wellbeing with planning

- better utilisation of outside parks & open spaces. Helping local communities take pride in their areas
- socio/economic factors that have a grave consequences for the lifetime outcomes of individuals
- poverty & social exclusion
- harm reduction e.g needle exchanges & shooting rooms
- access to services in rural areas
- addressing health inequalities
- accident prevention in under 5's
- anti- stigma work
- hate crime for those with learning disabilities
- links between the Nottinghamshire Strategy and national health strategies and priorities

18. What do you think are the top priorities for improving health and wellbeing in Nottinghamshire?

Given the number of responses through the questionnaires and consultation events there are a wide range of different priorities identified.

A number of responses support the principles which underpin the Strategy, in particular the principle of prevention and early intervention in order to overcome the current and future financial challenges. A number of responses highlight the importance of health and wellbeing education in schools and with parents and families.

A number of responses highlighted mental health and emotional wellbeing as a priority, including addressing the stigma of mental health issues and early intervention in childhood and adolescence to avoid longer term conditions.

Obesity was highlighted as a top priority by a number of respondents, as was sexual health, mental health, domestic violence, housing, smoking and dementia.

Safeguarding, across all age groups was raised including targeting troubled families to prevent later harm and a need to strengthen safeguarding across all age groups. It was recommended that safeguarding children should be recognised as a discrete priority and not combined with activities to safeguard vulnerable adults.

Greater integration within preventative services was suggested.

Other suggestions include:

- older people and dementia care – particularly the Jack Dawe scheme
- physical activity
- more resources and support for carers, including young carers
- integration of health and social care including CVS
- access to GPs and health practitioners

- getting people back to work or training
- community based services
- eating disorders
- childhood poverty
- families with children and young people who have disabilities
- gaps in services relating to drugs and alcohol
- housing and the impact of the bedroom tax
- contraception advice for large families
- carers, including young carers
- identifying opportunities for improving health through engagement within and enhancement of the natural environment

General comments

A number of general comments have been received regarding the format of the document and the jargon used.

Concern was raised that there were no references to the needs of the lesbian, gay, bi-sexual and transgender community or to the needs of the BME and traveller communities.

The possibility of including district based data and priorities to monitor progress and the need for detailed implementation plans were raised in a number of responses and the need to define outcomes and monitor progress.

A number of comments were received relating to the budgets associated with the Health and Wellbeing Board and the implementation of the Strategy.

Several respondents noted the large number of priorities although at the consultation events it was acknowledged that different partners may concentrate on particular areas.

Public events involving providers were well received and generally supported.

At the consultation events there were a number of specific and personal issues raised. Wherever possible these were dealt with by panel members and recorded within the notes of each event for consideration and feedback to the relevant agencies.

The Children's Trust Board have reviewed actions under each priority and have made recommendations to ensure actions within the final Strategy reflect recent developments.

The Nottinghamshire Local Outcomes Framework and performance should be accessible and published to partners and the public.

Equality monitoring information

A summary of the equality monitoring information submitted via the online questionnaires is included in Appendix 3.

Nicola Lane

10 October 2013