

# Nottinghamshire Joint Health and Wellbeing Strategy 2022-26

## Summary of Public Engagement

### Key Points

We spent over 3 months speaking and listening to members of the public and hearing from organisations involved in health, care and community and voluntary services on what they think matters most.

Our ambitions and areas of focus cover the whole population from conception to end of life care, and particularly those community groups who can feel excluded.

Feedback from residents (adults, children, young people) and partners has identified many other important concerns. They included poverty, and loneliness, substance misuse and support for families. Climate change and improving access to services (including GPs, dentists, and mental health services) were also important.

We have used this feedback to change and improve our priorities areas of focus and to shape the delivery plan. Some topics people raised (such as substance misuse) are the responsibility of other boards and strategies, so are not included in this strategy, but the Health and Wellbeing Board will continue to contribute to work in that area.

People wanted to see that the organisations on the Health and Wellbeing Board would work together effectively and acknowledged that the nine areas of focus are strongly interlinked and need to be tackled in a joined-up way.

### How we engaged with communities

In November and December 2021, we undertook an online survey which was available to all residents and organisations across Nottinghamshire. An “Easy Read” version of the survey was available, and residents were able to contact the council’s Customer Service Centre for support to complete the survey if needed. There were over 270 responses to the survey.

We invited residents to “roadshows” in each of the seven district council areas of Nottinghamshire. Five of these were held as planned in a face-to-face format in venues such as libraries and leisure centres, and two had to be held online following changes in Covid guidance from the government. Approximately 90 people attended the roadshows in total.

We also aimed to gather the views of children and young people, through an additional online survey, by speaking to youth forums in different areas of Nottinghamshire and by looking at other surveys which have been conducted locally and nationally (the Big Notts Survey, the Children’s Commissioner’s Big Ask, and a youth survey undertaken by Gedling District Council). There were over 75 responses to our children and young people’s survey.

### How we engaged with partner organisations

Organisations involved in the health, care and community and voluntary sectors were invited to participate in the online survey and the district roadshows, together with residents. We additionally held an online roadshow specifically for these partner organisations. We attended meetings of district health partnerships, which are meetings led by district councils and bring together a wide range of organisations in each area with an interest in health and wellbeing. We also engaged with the Nottinghamshire Integrated Care System’s Health Inequalities Committee, a key partner for tackling the wider determinants of health and improving wellbeing for everyone in Nottinghamshire.

## Appendix 2.

We heard from organisations of varying sizes, from grassroots initiatives such as community gardens and patient support groups, to NHS Trusts and district councils.

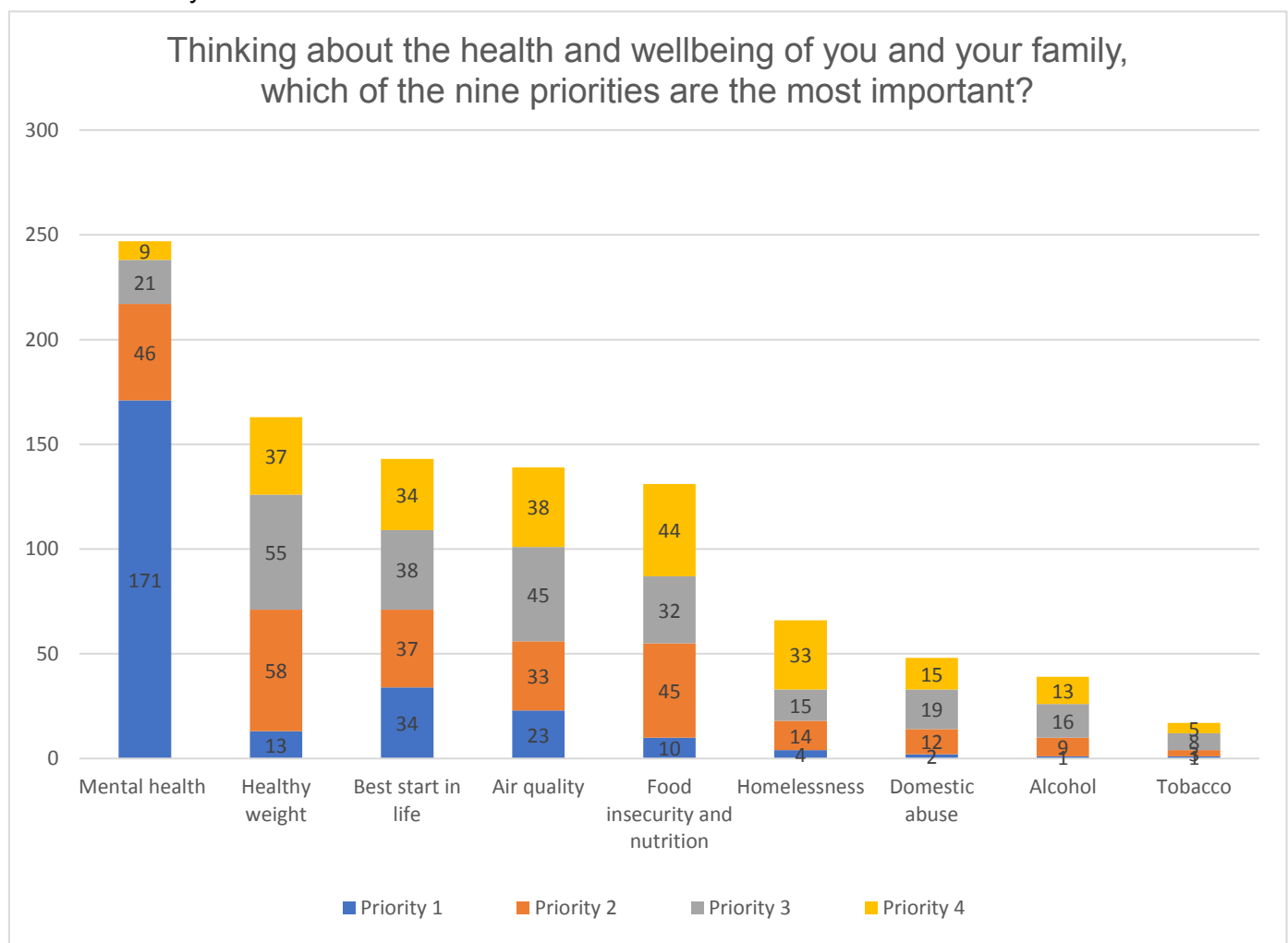
We are also planning to hear more from the community and voluntary sector specifically, by engaging in the focus groups of Nottinghamshire Together’s “State of the Sector” project in the coming months.

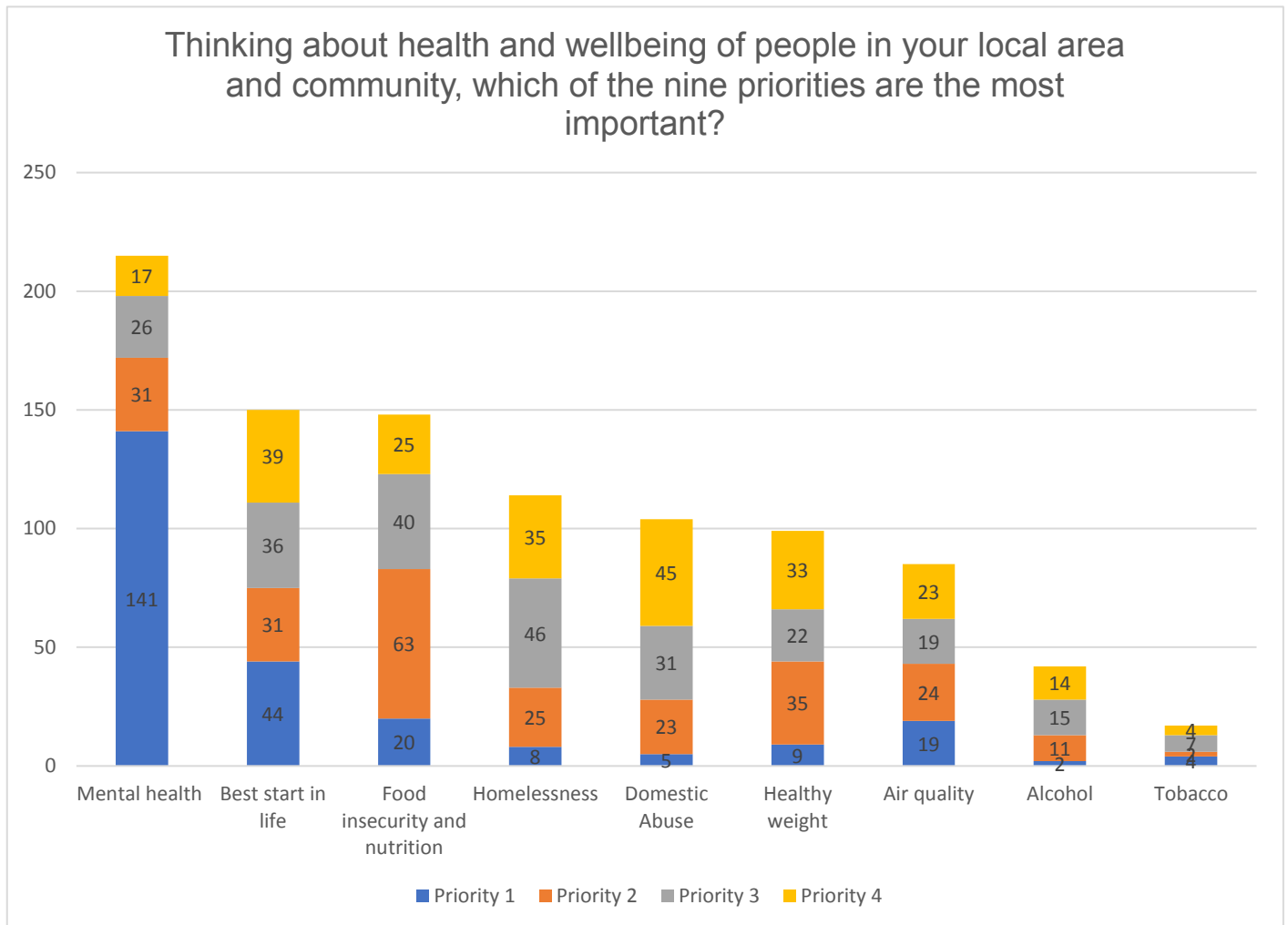
### What we heard

Some key findings from the survey were that:

- Nearly 90% of participants agreed or strongly agreed with the proposed vision for the strategy, with just over 3% disagreeing or strongly disagreeing;
- 92% of participants agreed or strongly agreed with the four proposed ambitions of the strategy, with around 4% disagreeing or strongly disagreeing;
- 80% of participants agreed or strongly agreed with the nine proposed priorities of the strategy, with just over 8% disagreeing or strongly disagreeing;

Over 90% of participants selected mental health as one of the top four priorities for them and their family, with 63% choosing it as their top priority (priority 1). Healthy weight, “best start in life”, and air quality were each selected as one of the top four priorities for the participants and their family by over half of those completing the survey, with food insecurity also reaching nearly half. Mental health was also the top priority when participants were asked to consider their local area and community, with the next three priorities being “best start in life”, food insecurity and homelessness.





Topics that people felt were missing included mental health, access to services (face-to-face GP appointments, dentists, specialist mental health services), services for those with disabilities including learning disabilities, physical activity, gambling and drug addiction, climate change and green spaces, housing, poverty, employment and education.

### Feedback on strategy delivery

Taking the responses to the survey and what we heard at the roadshows and other meetings we attended, some key themes emerged.

Some participants felt the strategy was too ambitious, but more commonly wanted to know how the Health and Wellbeing Board would work to make sure the strategy was delivered. People wanted to see that the organisations would work together effectively, and that individual organisations would be held responsible for delivering the ambitions and priorities in the strategy. Some participants had concerns about being able to deliver work on the strategy in the context of public service cuts.

It was also commonly noted that the priorities are strongly interlinked and need to be tackled in a joined-up way. Partner organisations highlighted the role of the community and voluntary sector in bringing local, place-based knowledge, building community assets and supporting individuals, but sustainable funding models are needed to support this.

## Appendix 2.

### Feedback on strategy content

In terms of specific themes and topics that were raised:

- **Mental health** was one of the top areas discussed in responses to the survey, with lots of concern about access to specialist services including CAMHS (Child and Adolescent Mental Health Services) and learning disability services. People also felt education was important from an early age and throughout the life course, and proposed ideas about access to services via schools, pharmacies and community hubs.
- **Climate change and the environment** was a very common theme, which has not featured strongly in previous engagement exercises. Some mentioned the need for radical action. People were aware of the health benefits of improving air quality and protecting green spaces (via mental health, exercise and active travel), and suggested improving conditions for cycling, reducing vehicle emissions, retaining trees, preventing building on green spaces, active travel to school and banning woodburning stoves.
- **Communities** were seen as very important. All areas should be involved in decisions about them. It was important to build trust through honest communication and long-term commitment to work with communities, particularly those most in need. Building healthier communities and places through work on planning and other policy was also supported by partner organisations.
- Communities were also linked to **access to support**. Support for older people and those with health conditions would be best within their own communities, with enough provision for the needs of the community, particularly those that are more isolated or more deprived. Similarly, communities were linked to addressing the pandemic-related upsurge in social isolation and loneliness, and its impact on mental health.
- Rapid **access to services** including GPs, dentists and mental health services was very commonly raised. Signposting and coordinating access to services was important to stop people falling through gaps or struggling with form-filling and making appointments. Some mentioned the idea of community hubs or single points of access. Many wanted services located in local communities, which would understand local needs, bring communities together and avoid issues with poor transport links
- Many comments focused on **services for children, young people and families**, including poor performance of maternity services in Nottingham, cuts to early years services including Children's Centres, and support for vulnerable families. Other themes related to children and young people included the importance of education, the effect of domestic abuse and community and road safety. On the other hand, some felt that older people should be a priority similar to giving children the "best start in life".
- Various aspects of **poverty** were highlighted including fuel poverty, food insecurity and access to good employment. This was particularly highlighted in the most deprived areas of the county, but it was also felt that pockets of poverty can easily be overlooked in all areas. "Digital poverty" and poor transport links in rural areas were also mentioned, particularly as a barrier to accessing services.
- **Housing** was discussed as a basic human right which underpins health and wellbeing – not limited to homelessness, but taking a broader view including quality, affordability and catering for the needs of different groups. Access to emergency or refuge accommodation when needed was also mentioned, and reablement following hospital discharge.
- It was felt that some aspects of **physical health** were not emphasized in the strategy. Physical activity was particularly highlighted given its strong links to mental health and

healthy weight, and barriers in access either due to cost of gyms and pools or safety of walking and cycling. The food environment and sexual health were also raised.

- Some participants felt that **disabilities and long-term health conditions** were not given enough consideration in the strategy. Specific discussions with D/deaf community groups highlighted major barriers to accessing services, particularly telephone appointments, and lack of accessible health information in British Sign Language.
- Other themes included **substance misuse and gambling addiction**, with gambling mentioned as a growing problem, and many respondents felt these should be recognised in the strategy alongside mental health and alcohol use.
- **Crime**, and **keeping communities safe**, was mentioned by some.

### What we heard from children and young people

The survey for children and young people asked a smaller number of questions and used alternative wording for the vision and priorities to ensure these were clear to all age groups. Key findings from the survey were that:

- 93% thought the vision (“goal”) was the right one;
- 79% thought the nine priorities (“issues”) were the right ones to work on, but those that disagreed thought that personal safety (such as online safety, sexual assault at school and crime and drugs) should be considered, and others were concerned about climate change and loneliness;
- Mental health was the highest priority for the young people responding and their families, with domestic abuse, homelessness and healthy weight coming next;
- Mental health was again considered the highest priority for the local area and community, with homelessness, domestic abuse and best start in life ranked next
- Alcohol and tobacco were the lowest ranked priorities for both young people and their families and for their local areas and communities.

We also asked what we could do to make the biggest difference to young people’s priorities. The youngest age group of 11 or under mentioned helping people with mental health issues, homelessness, and domestic abuse. Amongst 12- to 15-year-olds, boys felt their main issue was around being listened to and spoken to openly and honestly. Girls strongly focused on mental health issues, normalising talking about it and access to counselling. Other issues mentioned were domestic abuse, housing and the environment. In the 16 to 17 age group, the main comments were again around more support for mental health, as well as giving a bigger say to young people.

Over 18s picked up some similar themes around mental health, including better access to mental health services, support and more “positive messages” in schools and reducing waiting lists for CAMHS. However, support for young families and parents was also a clear concern in this group, including access to children’s centres, improving maternity and health visiting services, and the cost of healthy eating. Some also had concerns about loneliness and mental health in the elderly, and about inequalities between areas, such as disparities in quality of play facilities and stigma around foodbanks.

Bringing the survey together with discussions at a youth forum, it was clear that mental health was a very high priority for young people. There were also concerns around vaping and that although many young people may not take up smoking cigarettes because they know the health risks, they may consider vaping as it is seen as ‘cool’ and safer. Young people also raised the issue of misuse of harmful substances.

## Appendix 2.

Below are the results of a short engagement exercise undertaken at Bassetlaw Youth Forum.

# What does being healthy mean to you?



# For you personally, what helps you to have good health?





### Other sources of information

The Big Notts Survey was undertaken in August and September 2021 to inform the development of Nottinghamshire County Council's Council Plan. Over 10,000 people responded, and additional work was undertaken to complete a "representative" survey with people who reflected the make-up of the population of Nottinghamshire. Results from the general survey showed that health is a high priority for many, particularly looking back over the pandemic, when over 60% of people said their top concern had been the physical health of their friends, family and others, with mental health also an important concern for 41%. Looking forward over the next two years, health was one of the top three concerns, but came below concerns about a return to Covid-19 restrictions and climate change and the environment. Job security, financial security, mental health and children's education and life chances were also common concerns. Thinking about what would make Nottinghamshire a better place to live and work, access to health services, good job opportunities and less pollution/better air quality were the top responses. Amongst the representative survey, affordable housing was the top issue that would make Nottinghamshire a better place to live. Whilst priorities and concerns varied between areas of Nottinghamshire and groups of people, the results further emphasize the importance of many themes found in our engagement.

A survey of young people was undertaken at the same time, and again emphasized mental and physical health across age bands, particularly concern for the individual's own mental wellbeing. Female residents and those with long-term health needs and disabilities were more likely to cite mental health as a concern. Lower levels of crime and attractive local areas were seen as important priorities for local areas across all age bands. Affordable housing and good health services were important to older age bands, with improved schools more important amongst younger ages. Awareness of the climate crisis and the need to address it was also evident.

The Children's Commissioner for England undertook the "Big Ask", a survey of over half a million children nationally, in 2021. Whilst 80% of those who responded were happy or OK with their mental wellbeing, girls and older teens were more likely to be worried about their mental health. Social media, physical health and isolation during the pandemic were all seen as strongly influencing mental health, as well as exams and bullying. The importance of access to support through school, through online support and through specialist services was highlighted.

A recent survey of young people in Gedling identified bullying, exams, getting a job in the future and mental health as top concerns in their personal lives, and looking at wider issues, Covid-19 and the environment/climate change were concerns. Participants were also asked about where they felt safe; over 90% felt safe at home but less than 30% in the local area at night.

## You said, We did

You said...	We did...
<b>Mental health</b> was a very high priority in the survey, and was also highlighted as a top concern by young people.	We will ensure that residents, including young people, are involved in “co-production” and planning the delivery of this important priority.
Warm, safe, good quality <b>housing</b> underpins health and wellbeing. We should think about this broadly, not focus only on homelessness.	To ensure this and other wider determinants are clearly recognised in the strategy, wider determinants have been made one of the strategy cross cutting themes.
<b>Poverty</b> has wide-ranging impacts on health and should be part of the strategy.	Please see above.
<b>Climate change</b> and the environment is important for health, and this is not limited to air quality.	Whilst air quality was identified as an area which the Health and Wellbeing Board can particularly influence, climate change and wider environmental issues are central to our ambitions and ways of working, and we will ensure this is embedded into all of the board’s work.
<b>Communities</b> are key to addressing social isolation and providing support to people who need it, but need honest communication and long-term commitment.	Our place-based approach recognises the importance of neighbourhoods and communities for health. We are developing plans for more “co-production” with communities as part of the delivery of the Health and Wellbeing Strategy.
<b>Drug addiction</b> is an important issue alongside alcohol, and needs to be addressed.	We know this is a hugely important issue for individuals and communities. There is a new national drug strategy “From Harm to Hope”, and a new local drug partnership board will be specifically responsible for delivering this, rather than through the Health and Wellbeing Board.
<b>Gambling</b> is a growing problem with strong links to mental health	We have ensured that gambling is specifically highlighted in our mental health priority and will be part of the mental health delivery plan.
<b>Services for children, young people and families</b> are important to many people and there were concerns about these having been cut in recent years.	Giving children the best start in life is a high priority for the board, and will be delivered through a dedicated strategy which has recently been developed.
<b>Healthy ageing</b> is not sufficiently recognised in the strategy. Disabilities and long-term health conditions should also be more clearly included.	Living and ageing well, and providing the support people need to live the lives they want, are central to the strategy, are explicitly included in the vision and ambitions through a life course approach.
Some aspects of <b>physical health</b> are not emphasized in the strategy.	We know that physical activity is strongly linked to many aspects of health, including healthy weight and mental



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	health, and we will ensure this is reflected in the wording of these priorities.
<b>Crime and community safety</b> impacts health and wellbeing.	We recognise the impact that crime can have on health. However, other organisations take the lead, for example, through the new Police and Crime Plan developed by the Police and Crime Commissioner which will link closely to the JHWS.
<b>Access to health services</b> including GPs, dentists and mental health services, is a major concern for many people in Nottinghamshire.	We understand that timely access to services is a high priority and is a challenge for many. Whilst the board does not directly control this, we will work with our partners in the NHS to try and improve access.