

Securing Our Future Together

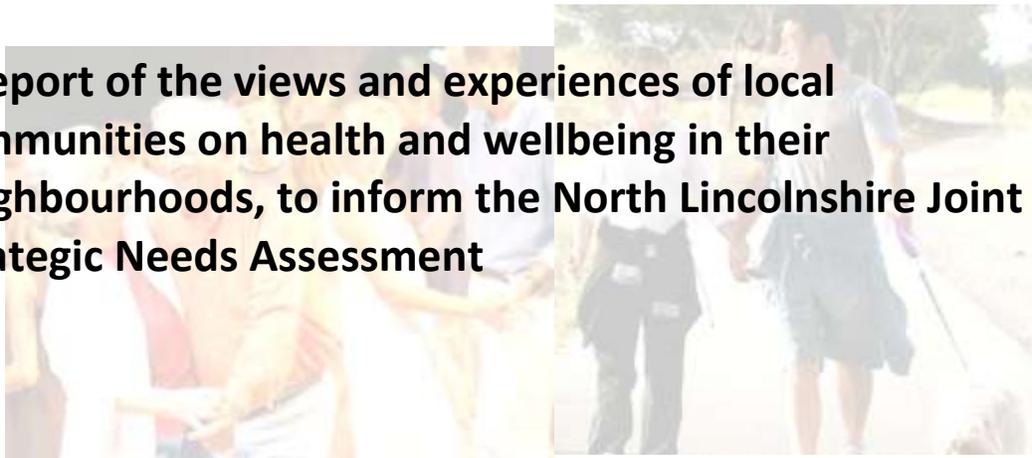
A report of the views and experiences of local communities on health and wellbeing in their neighbourhoods, to inform the North Lincolnshire Joint Strategic Needs Assessment

Prepared by Consultancy Services North Lincolnshire

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1. Introduction

The Local Government and Public Involvement in Health Act 2008 places a requirement on local authorities and PCTs to produce a Joint Strategic Needs Assessment (JSNA) which must include:

- A joint analysis of current and predicted health and wellbeing, and inequalities
- An account of what local people want from services
- A view of the future, predicting and anticipating potential new and unmet need

Between November 2011 and February 2012 Consultancy Services was commissioned to carry out qualitative research in communities to inform the refresh of the North Lincolnshire Joint Strategic Needs Assessment of Health and Wellbeing. The consultants; Sally Czabaniuk and Jenny Gavin-Allen have many years of experience in public consultation and community development and have previously facilitated consultation for commissioners to inform elements of the JSNA.

2. Brief

The consultancy brief was to explore the views, expectations, perceptions and experiences of service users and local communities about which specific factors impact negatively or positively on their health and wellbeing using an Asset Based Community Development approach. Community engagement was to be carried out within each of the five localities of North Lincolnshire to provide locality-specific information to assist in local planning, with these findings disseminated at an area-wide conference for stakeholders followed by a written report for presentation to the shadow Health and Wellbeing Board.

3. Asset-Based Community Development (ABCD)

“A health asset is any factor or resource which enhances the ability of individuals, communities and populations to maintain and sustain health and wellbeing. These assets can operate at the level of the individual, family or community as protective and promoting factors to buffer against life’s stresses.”¹

¹ Antony Morgan, Associate Director, National Institute for Health and Clinical Excellence (NICE), 2009
Securing Our Future Together March 2012

“We can’t do well serving communities... if we believe that we, the givers, are the only ones that are half-full, and that everybody we’re serving is half-empty... there are assets and gifts out there in communities, and our job as good servants and as good leaders... [is] having the ability to recognise those gifts in others, and help them put those gifts into action.”¹

The ‘glass half full’ approach traditionally used by service providers focuses on the problems, needs and deficiencies in a community such as: economic deprivation, illness and health-damaging behaviours. Furthermore, it has led to the design of services to fill gaps and fix problems. This leads to communities being disempowered and dependent; with residents as passive recipients of services rather than active agents in their own and their families’ lives.

The asset-based approach identifies the health-enhancing assets in a community; sees citizens as the co-producers of health and wellbeing; values what works well in an area and identifies what local factors have the potential to improve health and wellbeing.

Typically, these health assets include the:

- practical skills, capacity and knowledge of local residents;
- passions and interests of local residents that give them energy for change;
- networks and connections - ‘social capital’ - in a community, including friendships and neighbourliness;
- effectiveness of local community and voluntary associations;
- resources of public, private and third sector organisations that are available to support a community, and the
- physical and economic resources of a place that enhance wellbeing.

¹ Michelle Obama www.abcdinstitute.org/faculty/obama
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engagement team, location, date and time of meeting and a brief outline of the areas for discussion. The flyers were circulated in advance of meetings by members of the groups involved.

At the beginning of each session participants were encouraged to speak freely, and were told that their comments may be paraphrased but would remain unattributed in the final report unless express permission had been granted by them.

6. Participant Profile

The principal inclusion criterion for the consultation was; residents of North Lincolnshire who are 16 years of age or over. A total of 281 people took part in 28 community engagement sessions across North Lincolnshire. Of these participants, 75 (27%) were male and 206 (73%) female with 4.6% identifying themselves as of black or minority ethnic background.

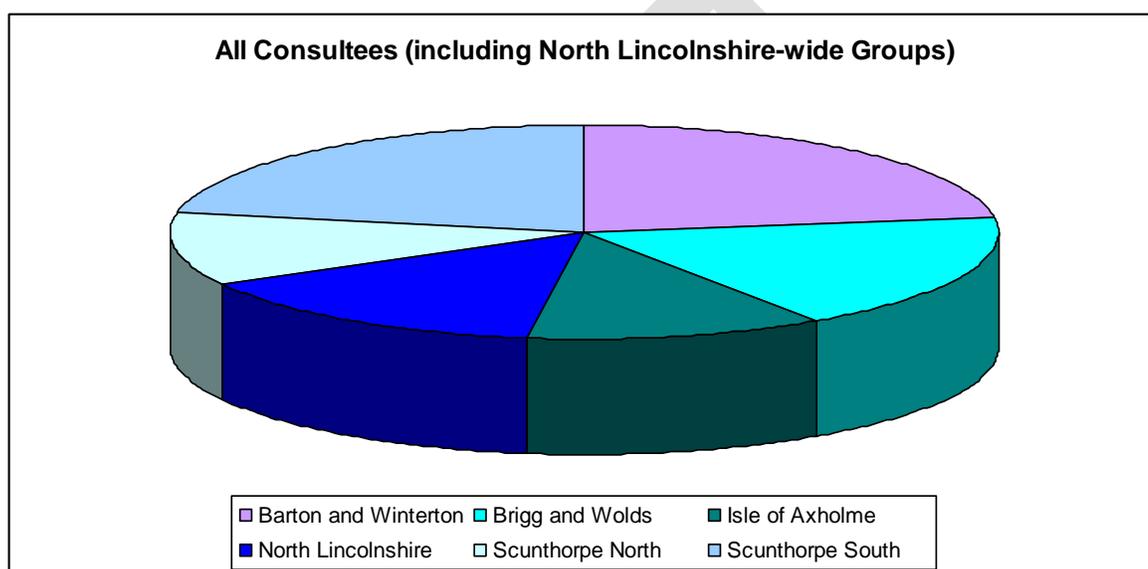
Sessions took place across all five locality areas namely:

- Barton and Winterton (incorporating the wards of Barton, Ferry and Winterton and Burton-upon-Stather);
- Brigg and Wolds (incorporating the wards of Broughton and Appleby, Ridge and Brigg and Wolds);
- Isle of Axholme (incorporating the wards of Axholme North, Axholme South and Axholme Central);
- Scunthorpe North (incorporating the wards of Town and Crosby and Park), and
- Scunthorpe South (incorporating the wards of Ashby, Bottesford, Brumby, Frodingham and Kingsway with Lincoln Gardens).

In addition, four groups with either a North Lincolnshire-wide or a special-interest remit participated.

The breakdown of participants was as follows:

	Male	Female	Total	% of all consultees
Barton and Winterton groups	17	47	64	23%
Brigg and Wolds groups	14	36	50	18%
Isle of Axholme groups	7	26	33	12%
Scunthorpe North groups	3	28	31	11%
Scunthorpe South groups	16	46	62	22%
North Lincolnshire-wide groups	18	23	41	15%



7. Focus Group Format

Each session started with the facilitator providing information about the JSNA - the purpose and the aims of the consultation i.e. to produce evidence of local needs and outcomes in order to shape future health and wellbeing services. The plan for the session was to examine data relating to health and the wider determinants of health, both North Lincolnshire-wide and specifically within their locality area, invite comments, share some suggested areas of focus for North Lincolnshire and their locality and invite comments.

Participants were asked to share their experiences of health and wellbeing in their community; their views on access to/quality of current services and where they access information about health and wellbeing.

Participants were then asked for their views on ways to promote health and wellbeing at a local level by identifying what was already happening in their community in this respect; exploring what local residents contribute to improving their health and wellbeing and how local agencies can support these activities. Finally, we asked groups to reach consensus on THREE things which would make the most significant difference to the health and wellbeing of their community.

Where comments appear in italics throughout this report they are the words of participants.

8. North Lincolnshire Area profile

Headline demographic data provided by NHS North Lincolnshire Public Health Intelligence were shared with each group. These included:

- Our population is growing - and getting older (more people over 55)
- People are living longer - growing gap between rich and poor
- Urban areas have more young people
- Rural areas have more older people
- Death rates from some cancers, heart disease and strokes have fallen
 - But North Lincolnshire is above the national average for the incidence of lung cancer and lung disease

We shared some key outcomes where North Lincolnshire performs below the national average, and invited comments. These outcomes included:

- Death rates from lung cancer/lung disease
- Smoking and smoking in pregnancy
- Breastfeeding rates
- Unhealthy weight - inactive lifestyles
- Hospital admissions for alcohol- related harm
- Death rates in the four weeks after discharge from hospital
- Preventable diseases - diabetes and heart disease

We then shared some information about improvements to health outcomes in recent years. These improvements included:

- Young people's health - fewer teen smokers, less teen conceptions
- Smoking - in pregnancy and quitting
- Better take-up of childhood immunisations
- More people having cancer screening
- More people surviving longer with cancer
- Fewer women dying prematurely with breast cancer
- Fewer men dying from heart disease
- More people who are at the end of life helped to spend their last days at home

Participants were then provided with some suggested areas of focus for North Lincolnshire based on the current data and invited comments. These suggested areas for focus included:

- Boosting local community assets that contribute to health
- Reducing inequalities in mother and baby health
- Reducing adult smoking - encourage healthy weight management
- Reducing diabetes, heart disease and stroke - especially amongst those at high risk
- Enabling people with long term conditions to manage better
- Maximising income from benefit entitlements
- Improving education and employment for under 25s
- Investigating reasons for higher than average death rates post hospital discharge

9. Residents' Comments on the North Lincolnshire Area profile

Some themes prompted discussion in every group we consulted with. These included:

9.1. Impact of the industrial environment

Lung cancer and lung disease was commonly associated with environmental factors in all groups particularly those in the Scunthorpe localities and Barton and Winterton. Emissions from the steelworks, refineries, chemical and other industries on the Humber Bank and road traffic were all mentioned as potential causes.

"A double-decker's weight of dust put into the air from the steelworks"

"I grew up around Doncaster and the coalfields - it was the same there - miners with bad lungs"

"You can see it when it kicks out, quality of air has an influence on lung cancer"

"The legacy of the steelworks"

"Bad air, you can smell it and taste it"

"When it rains overnight red dust appears on my window sill in the morning"

"We live in an industrial town - the steel works are just over there. It can be a nice sunny day, out with the family - and then there's all that muck over there"

The steelworks were also associated with other types of ill-health by residents in Scunthorpe South, including arthritis and asthma.

"When I'm away it can be chucking it down and I am fine, but here when it rains I can hardly move, so it must be the works"

"I have a permanent cough here, but when I am away, the cough goes"

There was a degree of consensus that providers should look at the impact of the environment particularly air-quality on lung and

respiratory health conditions and “*not just put it all down to smoking*”.’

9.2 Smoking

Cheap cigarettes and tobacco brought in illegally were thought to be a major cause of high rates of smoking, and it was suggested that the link between smoking and cancer was also difficult for some people to acknowledge.

“Most people know someone with cancer who has never smoked”

There was also a suggestion that the close proximity of Barton to docks with access to cheap cigarettes and tobacco brought in illegally could be a major cause of high rates of smoking in Barton.

The lack of any smoking cessation services in Barton was also seen as contributing to the on-going poor health outcomes around smoking: residents compared this with the success of breastfeeding initiatives in Barton:

“They set up a breastfeeding café here and that’s made a difference, but if you want to stop smoking you have to go to Scunthorpe”

9.3 Obesity and inactive lifestyles

This prompted a wide range of opinions. Whilst one group suggested that some people were pre-disposed to certain health problems such as cancers and obesity; most associated the condition with unhealthy eating, readily available take-away food and snacks between meals. It was considered that healthy food was more expensive than “*bad food*”. It was also felt that people lacked the culinary skills and time to prepare meals from fresh produce.

“If you’re meant to be big you’re meant to be big, if you start dieting, it’s no good”

*“You stop smoking and you put weight on - that’s not healthy”
“You’re told this is really good for you, then two years later it’s bad for you”*

“Doctors might look a bit further into your problems if you go to the gym regularly and keep fit”

Working parents having to juggle home and work life was seen as having an impact on the type of food children were getting at home and this too was regarded as having an impact on childhood obesity. Sedentary activities such as children watching TV and playing computer games for long periods combined with parents' sense that it was not safe for children to play out: all of these were seen as major reasons for childhood obesity and lack of exercise by one group. Another group felt that children were influenced by what their parents ate and that education on healthy eating was required to improve things.

“The real breadline cases can't afford to eat, let alone keep warm”

“TVs, video games, play stations; kids don't go out and play anymore”

“Schools should teach good healthy cooking”

There was some sympathy for those living in rural areas without internet access or transport as this substantially reduced shopping choice and left them reliant on a small village shop which often did not stock fresh produce and/or was considered expensive.

9.4 Hospital admissions for alcohol-related harm

There was general consensus across all groups that the availability of cheaper alcohol from 24hr supermarkets and convenience stores was a major contributory factor. Alcohol-related harm was also seen as a legacy of living in an industrial area with a culture of heavy drinking.

“You have always been able to drink around the clock in Scunthorpe. There used to be so many clubs (working men's) and pubs had special licences so you could go to the pub at 6am after a shift on the steel works and lots of people did”

“It's work hard and play hard”

Participants in Scunthorpe North observed a similar drink culture amongst new communities from Eastern Europe.

Groups felt that there was a clear link between alcohol and austerity and that people used alcohol as medication for stress and depression.

“If you are stressed and worried about losing your job, you smoke and drink more”

“It’s a cycle - no job prospects so drink and smoking helps people cope with the stress”

“People seem to jump into the bottom of a glass when they get a bit of stress”

There was a commonly held view expressed by some participants that people with drug and alcohol addictions were ‘paid’ extra benefits to support their condition, which clearly was a source of tension in some communities.

Alcohol use, obesity and smoking were all seen as being linked to parental and societal influence with unhealthy lifestyles being passed from generation to generation; and that education had an important role to play in teaching people how to manage their money and create inexpensive nutritional meals from fresh ingredients.

“Need to educate parents on how to look after their children and bring them up properly”

9.5 Mother and Baby Health Outcomes

Some groups were particularly concerned about the inequalities in mother and baby health and childhood obesity and felt that many of the mothers in the area were only children themselves who had not had the best start in life and were passing on poor parenting skills to the next generation:

“The cycle has to be broken”

“A lot of children are overweight and unhealthy. I’ve noticed a lot come in here (pub) with their parents”

“If the parents aren’t happy, the children aren’t happy”

“People say, ‘I can’t afford that (healthy food) so we’ll have chips!’”

Some groups in the Barton and Winterton locality were sceptical about the statistics around child poverty for the area and questioned if it was ‘actual poverty’ or not managing money well enough and *“spending £6 to £12 a day on cigarettes”*.

Breastfeeding take up was seen to be high by BME participants who said it was culturally accepted and acknowledged as the best start for

a child. However, very few of the other groups participating made any comment about breastfeeding rates. One parent felt that there was no help available for mothers who could not breastfeed, and she felt it would be better to give a more balanced picture of the pros and cons of each method in situations such as this. Where pro-active work had taken place to support women to breastfeed - Barton was given as an example - this was acknowledged as having been successful and of benefit to mothers and their babies.

9.6 Post hospital discharge death rates

This topic prompted wide-ranging discussion of the possible causes in all groups.

Some views were in relation to services and included:

- Hospitals discharging people too soon to free up beds
- Poor standards of hospital care
- Lack of out-patient services
- Insufficient follow-up care

Some comments related to patients and included:

- patients discharging themselves early because of fear of MRSA or out of concern that they were not getting proper care in hospital
- patients believing they were ready to return home and not taking care of themselves properly.

One participant gave anecdotal evidence of an elderly lady not being able to use her toilet and soiling herself when she was left for long periods of time with no support at all. Another spoke of her experience of being discharged after a major operation; she said she was at home for three days without support. All she could manage on her own was to put clean dressings over the original one. Some participants said care packages were too inflexible:

“It’s one-size fits all and that’s not always the case”

“There’s not enough support when you leave hospital”

“I was sat outside on the hospital wall waiting for my lift. I was there for an hour and had to go back into hospital the next week”

“We’re an ageing population - is it ageing people being admitted to hospital?”

“Is somebody pushing the bed-blocking too hard?”

“Maybe people are discharging themselves early because they’re worried about the hospital bugs”

“You get home and you think you must be better than you are, so you push yourself”

Others felt that there was too much emphasis in modern life on hyper-cleanliness and that the bugs were a direct result of that and only a recent phenomenon. There was anecdotal evidence of nurses being seen shopping in their uniforms and someone in theatre greens getting a take-away. However, there was also an appreciation of the stresses on health services.

“It’s too much; they can’t cope” (comment relating to District Nurses)

“I have a friend who’s a nurse and she’s the only one on the ward at night who can administer drugs”

The current economic climate, family breakdown and lack of community and family networks were also cited as common reasons.

“Most people are at work in my street, so we don’t see each other, so we wouldn’t know they’d just come out of hospital”

“The government is trying to promote help in the community - they look at the figures, but they don’t really know what’s going on”

“You can’t press a button and create the Big Society”

All groups wanted to see the reasons for this statistic investigated:

“Need to find out as a matter of priority. It’s about health inequalities isn’t it?”

9.7 Preventable diseases

One participant said that the promotional literature at her local GP surgery had prompted her to ask her GP about a particular condition, as she recognised the symptoms. However, she was unaware that she was already being treated for the condition in question and had been for the last six months. It was also suggested that people presenting earlier for screening was a result of the heightened awareness due to the high profile given to some celebrities with life-threatening conditions.

All groups agreed that screening for preventable diseases had improved and made an impact on health outcomes, and they welcomed the roll-out of NHS Health Checks. However, older people who were well and did not visit the GP regularly felt that in some ways they were overlooked for any health and wellness monitoring.

The majority of older people who took part acknowledged that the proactive steps taken by their GP surgery to ensure they had their annual flu shots, had increased take-up. However, one group in Scunthorpe North reported low take-up as they were unsure whether they should wait for the surgery to call them in for an appointment or ask for one, in case the procedure had changed.

10. Residents' Views on Access to and quality of health and wellbeing services

10.1 Accessing GP Services

The majority of people we spoke to were satisfied with the quality of care they received from their local GP surgery. Equally, however, people were very dissatisfied with the appointment systems in place to access their GP which appear to be different for each practice:

“You cannot get in at our Doctor’s - it’s impossible”

“If you don’t ring spot on at 8, you’ve had it. By the time you have re-dialled all the appointments have gone”

“You start ringing at 8 o clock, you get through at twenty past nine and they tell you they are all booked up and you have to start the whole thing over again the next day”

“You can’t be ill on a Friday”

“Takes two weeks to get an appointment if you’re working”

“If the Doctor says, ‘I want to see you next week’, you can’t go out of the surgery and into reception and book the appointment, you have to wait till the next week”

Many residents felt they were disadvantaged by the lack of choice on how they made an appointment some of which were not patient-friendly at all.

Pathways to the appointments system at GP surgeries was also identified as problematic for older people, working people, people from BME communities and parents of school-age children.

For some residents only being able to book same day appointments and not having the option to book in advance was seen as a big problem. However in other groups residents said that they could not get same day appointments and this was a major cause of frustration for people.

“They don’t think about older people, if I make an appointment at the Doctor I have to think about how I am going to get there - ask the family or book a taxi. I can’t do this on the same day - I need time to make the arrangements. It’s older people that find this harder”

Some residents were able to make appointments online which they found very useful. The experience of BME residents in Crosby varied; some said they did not have problems accessing their GP as they are able to go to the surgery at 8.30am and wait to see a Doctor. However, women with children in school found it quite difficult to get appointments as they did not like using the phone and by the time they had taken their children to school the appointments for that day had been taken up.

Some residents in Barton said the system at their local surgery was that patients queued up outside the surgery waiting for it to open at 8am for a same day appointment.

“Sometimes they are queuing right down the street and you have to get there well before 8 to stand any chance”

Older people found this method particularly inaccessible and were grateful to a kind-hearted neighbour who was prepared to go and stand in the 8 o’clock queue on their behalf.

Residents in Barton stated they often had to go to the sister surgery at Goxhill if they wanted an appointment, whereas residents in Goxhill complained they often could not get an appointment as their surgery was full-up with people who had come over from Barton for their appointment.

The perceived reluctance of GPs to undertake home visits came up in discussion with some groups, who felt this was costing the NHS more money in the long run. They felt that patients who were too ill to attend the surgery might deteriorate and this could result in hospital admission via ambulance, which participants felt would cost much more money than a home visit by a GP. In some areas people believed home visits were not carried out anymore by GPs, whereas, in others, people did receive home visits from their GP.

Difficulties accessing GP surgeries was raised as an issue amongst participants in the 'Community Research 9 Wards in North Lincolnshire' commissioned by North Lincolnshire Council and the Stronger Communities Board and carried out by VANL in 2007 and again in the 2008/9 JSNA consultation in carried out by Acorns Neighbourhood Management.

Other issues raised by residents in relation to GP services were around continuity of care and seeing the same doctor for consultations; lack of communication between health professionals and inequalities of access to local specialist support for long-term conditions

“Drs don't know the nurses or which one will be there that day. Patients don't know the Drs and Drs don't know the patients”

“My consultant is in Grimsby, but has a satellite clinic in Scunthorpe. The Nurses are based in Hull but there's no satellite service in Scunthorpe”

“Most GPs have a nurse trained in asthma management but not for epilepsy”

10.2 Smoking Cessation Services

There were mixed views about smoking cessation services and around how smoking could be prevented. There was a view from people in rural localities that help to quit smoking was not well publicised or pro-actively promoted.

“I still felt on my own - I went to that one in Ashby”

“I thought, ‘Is this all you do go and breathe into that tube and sit there?’”

“Certain people can’t have the Champex because they’ve had depression”

“I’d be happy to put weight on if I could quit”

“Those that have stopped have become more ill. ‘What’s the point?’ they must think”

“There ought to be a fag boot camp”

“You need evidence that you’re doing your lungs a favour”

“I’m a smoker but I would support a ban on smoking in cars”

“If people were more active they’d feel more positive about stopping smoking”

“Smoking cessation - it’s with the Nurse. They didn’t take much interest in me, no talk on how to overcome the cravings”
(This participant had worked out a way to ‘cheat’ the breath test and gave up as they felt they were not getting anywhere).

More support with smoking cessation was identified as the top priority for one residents’ group in Scunthorpe South

“Because cancer rates are high and we need healthier lifestyles”

10.3 NHS Dental Services

Residents in Barton and Winterton, and Brigg and Wolds localities in particular, said they were unable to access an NHS Dentist.

“I was waiting over a year to get my six year-old daughter to a dentist in Brigg”

“Nobody has an NHS dentist. I was on the waiting list for two years, then I had two wisdom teeth out in Scotland, because I was up there visiting my parents, and it was done in two hours. I’d tried here but no luck”

Residents in South Killingholme wanted to see more priority given to Dental Care as they were unable to get NHS dentist locally, one person saying they had travelled 40 miles to get to a dentist.

10.4 Healthy lifestyle support

Awareness of public sector prevention services was low amongst most of the groups participating. Very few had heard of Health Trainers or NHS Health Checks, however all thought they were a good idea and many asked for further details and were signposted appropriately. Freshstart enjoyed better recognition amongst groups, although several people commented that they did not access Freshstart activities because of cost and travel difficulties. Several participants from Scunthorpe South and North were aware of the MEND programme and spoke positively about it.

10.5 Support for people with long-term conditions

There were examples of both positive and negative experiences shared by people with long-term conditions. One male participant from Barton said he had been diagnosed with diabetes several months previously and had still not been given any advice on diet or lifestyle changes needed to manage his condition, despite having asked on several occasions. Nor had he been given any information about any third sector advice or support services.

Another resident from Barton said she had been diagnosed with a long-term condition recently and had found it very difficult to access information and support as to how she could manage her condition:

“I did find out in the end but how somebody less well educated would manage I dread to think”

Another participant praised the support provided and the impact made on her quality of life:

“They’ve helped me. I stopped when I went into hospital. I’ve got emphysema and diabetes. I was a smoker. I had to have oxygen in the house. They helped me understand how to use it - full marks to them; I needed that push from them”

There was a view expressed that local third sector organisations had the wherewithal and local knowledge to deal more effectively with health issues and they should be utilised more, especially in providing self-help and peer support to manage health conditions.

10.6 Social Care

Residents at a sheltered housing scheme commented on the number of different carers that visit the homes in the scheme at different times and felt it would be more cost-effective if visits were coordinated:

“I see two carers leaving the scheme as two others turn up to see someone else. They stay 20 minutes, and more come - or the same one that had been round earlier (comes back). Better planning could sort that and save a lot of time and money”

Some residents who received support for their health conditions from more than one team/department/service felt this was disjointed and that there was poor communication between some services.

10.7 Communication

Most people said they would speak to their GP as a first port of call if they had any health issues or wanted advice about their health. However, some participants had not found this route very enlightening. For example, one resident said she had been told by her GP that she needed to lose weight but was given no advice on how to do this or signposted to any weight-loss clinics in the area.

Communication was seen as a major problem by participants from BME communities. The majority of BME participants said that they sometimes struggled to communicate with service providers if family members were not available to accompany them to health service appointments. Several of the older BME participants reported that they struggled to communicate and to understand information being given to them. None of them were aware that they could ask for interpretation support and none of them had ever been asked by a service provider if they needed it.

Residents in rural communities fared better at finding out about local health and wellbeing opportunities than those from the Scunthorpe localities. Town and Parish Council newsletters and websites were cited as a good source of information. However participants who volunteered to produce these communications were often frustrated by the lack of information provided to them from communities.

The Arrow was mentioned at all Isle of Axholme focus groups and valued as a source of information for that locality. Tenants of North Lincolnshire Homes said they found Key News useful. The council's Direct magazine was also cited by participants, however, many people

said they no longer read the Scunthorpe Telegraph since it became a weekly publication, rather than daily.

11. Residents' Views on the wider determinants of Health and Wellbeing

11.1 Benefits

Benefits stimulated much discussion amongst groups. There was a general feeling that the system was too complicated, but also that some people on benefits did not get their priorities right, especially when it came to buying healthy food for their families. There was general agreement in all groups that the system was complicated and confusing.

“After the first time if they don't get it, they can't be bothered go through it again”

*“People don't know about being able to challenge decisions”
“They need encouraging to get help to fill the forms in”*

“The Benefits Agency don't help, they don't know what they're talking about”

“Some things you put in for means that you stop getting another”

“It's lots of hassle”

“Feel I'm being made to jump through hoops to get what I'm entitled to”

“When I lost my job and had to go on benefits, I had no idea”

There was a feeling that the number of successful appeals against refusal of benefits demonstrated that the system was flawed, but that many people gave up trying to claim, because the system was so confusing and demeaning.

“The whole system is confusing and complicated and the people who work there make the claimants feel horrible”

“My son is entitled to claim, but he won't go and sign on any more because they made him feel so awful”

“If it’s an entitlement, they should be making sure you apply, not confusing or dissuading you or making you feel bad”

“The staff look down on you rather than think about how you feel”

One lady on Pension Credit gave anecdotal evidence of obtaining some prescription glasses from the Optician. The Optician told her she would get them free if she was on Pension Credit Guaranteed and as she was on Pension Credit Saver, she paid £150 for the glasses herself. She was then told she might be able to get some of the cost of the glasses reimbursed, so she rang the telephone number for more information. She was sent a large brown envelope with a long form to fill out and return:

“I haven’t bothered; I can’t make head nor tail of it”.

We also heard examples of difficulties finding out where to obtain a Blue Badge parking permit:

“They have moved. They told me they had moved to West Street so I went there and they didn’t know anything about it. I ended up having to go to Brigg”

Another resident reported that she had spent all day ringing the number she had, to get a blue badge and it was busy all the time:

“I spent all day ringing. I have written to them now instead - but not heard anything yet”

Many people expressed their frustration at the apparent reluctance of benefits providers to provide clear information about people’s entitlements:

“If you do go to them they tell you what you’re not allowed but not what you are - just tell us what we can have!”

One participant said she had worked for the Benefits Agency in the past and they were given strict instructions not to tell people about any benefits they could claim:

“They told us not to tell anyone, you would be in trouble if you did”

Pride, fear of means-testing and lack of awareness were also identified as reasons why older people in particular were reluctant to claim benefit entitlement.

“People manage on what they’ve got because they’ve always had to; so they don’t ask for any help”

Low self-esteem and poor literacy skills were also identified as barriers to entitlements. Older participants found accessing information over the phone difficult and time-consuming and many said they would prefer someone to visit them in their homes to assist with benefit entitlement, but didn’t know where to access this type of support.

11.2 Training and employment

People were concerned about unemployment and economic inactivity amongst all age groups. There was consensus within several groups that the increasing retirement age was not providing the job opportunities for younger people. Boosting the local economy was seen as crucial to job-creation:

“It’s not good training people up is if there is no work for them to go to afterwards”

Lack of unskilled work opportunities was seen as an issue in Scunthorpe North. This was reflected in comments about an apparent concentration on the high achievers at school and an imperative to get as many to university as possible, whilst the lower achievers slipped through the net.

Where unskilled work was available this was usually through Employment Agencies, which were seen to be charging a lot for their workers, whilst only passing on the minimum wage to their employees. It was felt that this practice gave little job security for those employed on such a temporary basis, with PPE not supplied, and induction and job training having to be delivered in employees’ own unpaid time:

“How many agencies help people get a proper permanent job?”

They felt that this method of employment had changed the whole concept of what it was to be in work and that people’s confidence and mental wellbeing was being undermined by the lack of job security:

“You don’t know when, or if, you’ll work”

There was a view that there is work available but that people are prevented from accessing these opportunities as they are unable to afford the required certification to carry out the work. For example the specialist training and certification required to work on the docks (CPC) and the permit to work on a construction site (SCS) cost £500 which was considered too expensive for someone who was unemployed.

11.3 Housing

Poor quality privately rented housing was identified as an issue in Scunthorpe South with young and vulnerable people being housed in unsuitable accommodation without adequate support. People wanted the authorities to be tougher on private landlords. The need for more affordable homes in rural areas was seen as important particularly for families. However, on the Isle of Axholme participants were less enthusiastic, wanting the rural character of the area to be maintained, whilst some did acknowledge that if there were to be development, any new homes should be for local people rather than outsiders.

Two of the groups we engaged with were at North Lincolnshire Homes sheltered housing schemes where consultation is taking place with residents as part of the Sheltered Housing review. Residents were very concerned about the implications for the future of their homes which they felt was having a negative impact on their health and wellbeing.

11.4 Social Isolation

Loneliness, especially for older residents, was seen as a key health issue. Social isolation was identified as a cause of depression and mental health problems, particularly for people who were unable to access socialisation opportunities in the wider community through lack of transport or ill health. One resident felt that the withdrawal of the daily visits by wardens resulted in residents being lonely and cut-off from their community. Social isolation was seen as a major concern for the older members of BME communities, who stated that they enjoyed accessing organised activities that were sensitive to their cultural-needs as this gave them opportunities to mix, which subsequently impacted positively on their wellbeing

11.5 Transport

Transport was a major factor for residents in rural localities with regard to accessing health and wellbeing services and opportunities. For some residents in these localities a visit to hospital can involve taking three buses each way, which they felt was costly and time-consuming as they reported that the buses do not run frequently.

Many people have their own transport or rely on family members with cars. Some participants had used Patient Transport and were very satisfied with the service. There was some confusion however, on who the service was for, with some participants having been told they could only access the service if they were in receipt of benefits.

People living on the outer edges of North Lincolnshire in South Killingholme said they enjoyed good public transport links to services and amenities in North East Lincolnshire, but voiced frustration at not being able to enjoy the services and amenities in Barton because they could not get to them by public transport at the right times.

“We pay the same council tax, but we don’t get the same level of service”

Other health services proved difficult to get to for many because of transport and costs.

“I had to go to Gainsborough for physiotherapy. To get there you have to get a bus to Scunthorpe first, but it costs too much”

“Access is a difficulty - midwives are in Brigg”

“There’s a bus at 09.10am and it costs £2.40 to get to Scunthorpe, then you have to wait for the hospital shuttle and that’s £1.40. It can take an hour and 45 minutes to get there”

Brigg residents identified transport as problematic, but those in the outlying villages in particular felt that it was a major concern and hampered their access to a range of services and activities.

“You can get everywhere from Brigg - as long as it’s Scunthorpe”

“Can’t get to the new Scunthorpe Leisure Centre now, unless I catch two buses and then there’s a long walk to get there”

12. Residents' Comments and Views on local assets that promote health and wellbeing

12.1 Community Facilities

There was a good knowledge of local amenities for promoting health and wellbeing with many resources being clearly valued. However, there was some concern expressed that there are locations in North Lincolnshire with no community facilities, and where they do exist it is cost that excludes people from using them.

“Cost of hall hire prevents activities”

“It brings people together (village hall) but it all stops when we can't find the fees”

“If they were cheaper then more people would use them”

Lack of facilities in New Holland means any community-based activities are located in the church or the pub, neither of which were considered suitable for some residents.

Most groups were able to list a range of physical assets and amenities that they felt contributed to health and wellbeing in their neighbourhood and these can be found in the specific localities Appendices.

Communal rooms in Sheltered Housing Schemes were acknowledged by residents as having a great deal of potential for promoting health and wellbeing, not only for residents in the schemes but for the wider community. Residents in some of these schemes said that in the past they had accessed activities in the communal room such as Tai Chi and chair-based exercise but this had been withdrawn due to either lack of funding or insufficient numbers of participants. A number of participants reported that North Lincolnshire Homes was organising accredited training for residents to deliver chair-based exercise; this was seen as a positive move to encourage self-help and groups were looking forward to participating.

12.2 Neighbourhoods and Environment

Most of the people we spoke to said they felt safe walking in their neighbourhood during the day. However, this was not the case for older people and BME residents in Scunthorpe North who cited 'feeling unsafe', 'druggies' and groups of young people as the cause of their fears.

Residents across all localities were able to identify a large number of pleasant walks they enjoyed. Some people did not feel comfortable accessing these walks alone and there was a lot of support for more organised walking groups.

One of the key issues that was raised repeatedly in every locality was the condition of pavements, which made walking and using wheelchairs or mobility scooters difficult and unsafe. We heard anecdotal evidence of people in mobility scooters and wheelchairs and parents with pushchairs having to use roads in some areas as the footpaths were in such poor condition.

12.3 Community Activities

Participants were able to list a wide range of services and activities to improve health and wellbeing locally. These included:

- Age Concern bus to Morrison's for older people,
- Health lifestyle support in schools
- Bingo, coffee mornings and Pop-Ins at community venues
- Lunch clubs
- Freshstart activities
- Community fun days and trips
- Sports Clubs and teams
- Voluntary and Community groups
- Peer support groups
- Zumba, Tai Chi, Yoga, Keep Fit
- Mother and toddler groups/Stay and Play
- Local libraries and Local Links
- Church activities

There was a concern in communities that voluntary activity was predominately organised and carried out by older people and a fear that there wasn't a next generation of community-minded residents coming through. However, there was a view that this was to be expected:

“When you’re young you work to live, but when you get older there’s only so much gardening and TV-watching you can do, so older people tend to join groups”

The contribution made by volunteers to health and wellbeing in communities was recognised as was the potential to link these more closely with services.

There was enthusiasm for intergenerational activity around sharing cooking skills amongst BME residents. However, in rural areas there was little enthusiasm for intergenerational activities with the feeling that it was the older generation who were more community spirited and that younger people would not be interested in supporting such activities. There were some tensions apparent in some rural communities between families and older people.

12.4 Social Networks

One of the greatest strengths identified in the localities we visited was the vibrant social networks that exist at micro-community level with many examples of friends, neighbours and families looking out for each other. We heard of volunteers in communities helping each other in many ways from mowing lawns and tending garden areas, going shopping, providing transport, visiting vulnerable people and informally advocating for them in their dealings with services; organising bingo, trips, sports activities, music and drama.

“Having a laugh. We keep each other going, don’t we?”

“We are very isolated out here in Haxey, we do things for ourselves because we have never had any services in the first place”

13. Residents’ Responses to “What could residents and services do to promote better local health and wellbeing opportunities?”

The concept of Community Public Health Improvement Facilitators was very popular with all participants expressing support. There was a view that there was plenty of advice available from the third sector - what was needed was ‘hands on’ help. All participants felt that with some practical support, they would be more successful at developing healthy activities in their communities, especially in recruiting and sustaining interest, which seemed to be their biggest problem.

Groups had plenty of ideas to promote health and wellbeing locally. These included organised walks, a walking club, Zumba, chair-based exercise; community lunches/suppers, fun days, sponsored walks and cycling. All the groups we spoke to said they would welcome support to get these types of activities organised and off the ground.

“There are people in the community who want to see this building utilised - we just need help”

“We need someone who knows what’s what. If we don’t know what’s available we can’t do it can we?”

“A bit of support to help people organise stuff ourselves”

“Yes, we could do with some help to get something going. We are going to start a Tone-Up Tuesday for adults. We’ve got a Wii, if we can get enough money we can buy Wii Fit. We need help in showing us the right way, showing how it’s done - marketing”

The range of services offered by local pharmacies was identified as an asset in one village. However other members of the same group were not aware of the range of advice and services they could access at their Pharmacy and were pleased to have had this information shared with them. Had this service been promoted in the Parish Council newsletter it would have raised awareness in the community.

14. Community Priorities Identified by Participants

The priorities identified by each locality group are listed in Appendices 2 to 7. Common themes from these were:

14.1 Community Resources

“More use made of existing community resources to enable us to do things for ourselves”

“Make better use of the facilities we’ve got - the playing field and School”

“Facilities - flexibility/accessibility/community ownership - timing to fit in with those who work”

“Better promotion of what there is already”

“Make use of what we have”

“Development of a suitable community building/facility that is accessible to all”

“Make better use of resources within the scheme - the common room and the outside space which is pleasant but rarely used”
“Support for local amenities”

“More facilities and opportunities for under 5s with more safe open spaces for children and families”

14.2. Self-help support

“Support to organise more health and wellbeing activities”

“Support to do more things for ourselves like walking, arm chair exercise and to make better use of the assets like sheltered housing scheme common room and outdoor area”

“Support for people with ideas”

“Support to organise more health and wellbeing activities locally”

“Support to do more healthy activities. A little bit of help to organise things for ourselves would be welcomed - the Residents’ Association have tried but not had a great response in the past from residents”

“Someone who DOES not just advises” (in relation to supporting community initiatives)

“Support to get local health and wellbeing activities off the ground”

“Help to organise more ‘free’ healthy living activities like walking, picnic in the park etc.”

“Support to get people into more sport and physical activities”

“Make better use of community assets - residents could do things themselves if people were interested and if they had a bit of support to get things going”

14.3. Jobs and Training

“Motivation and support for people to fulfil their aspirations - skills and knowledge, training for employment, help with CV writing”

“Support for the unemployed - although pointless in current economic climate - starting point needs to be in changing mind-sets of unemployed”

“More locally-based support for unemployed people”

“Job skills and help into work, with more job security”

14.4. Footpaths

“Action to improve footpaths to enable safe and enjoyable walking and action to stop cars parking and obstructing footpaths”

“Improve condition of footpaths locally - people cannot go out walking if they are not safe”

“Improved access for people with mobility problems both within the scheme and the community such as ramps, improvements to pavements (especially those damaged by last year’s snow/ice), and marking of dropped curbs so cars don’t park alongside them and block them for wheelchair users”

14.5. Maximising income through benefit take-up

“Confidential help with benefit entitlements and more accessible (and user-friendly) routes to maximise income through benefit entitlements”

“Accessible and personable benefits advice”

“Community awareness and somewhere to get help and advice on:

Health

Debts

Benefits”

“A qualified person to check people’s entitlements to benefits, but also someone that could give an all-round picture of that person’s circumstances and notify the proper authorities - make every contact count?”

“Cut people who have been sensible and saved for their old age and have a small pension) some slack - find ways to reward people who do not live off the state instead of penalising them so they

have to pay in full for everything - rent, council tax, social care, housing related support. Don't want benefits - just want a fair deal"

"Benefits - improve communication and access to support with benefit entitlements, it's too complicated at the moment" (this to include sorting out how to obtain a blue badge)

14.6. Life Skills

"Education to make people more aware of the early signs of the onset of disease and health problems"

"Better training to help with aftercare - re post hospital deaths"

"Education on healthy eating and improving your lifestyle"

*"Education for young people in:
Healthy food preparation
Work ethic
Parenting
Sex education
Money management
Being a viable member of the community"*

*"Improving life skills:
Parenting
Healthy living/choices and awareness
Training/employment/education
Money management"*

*"More support in schools for young people to be become parents:
healthy nutrition for children
parenting skills"*

*"Self Esteem and family learning opportunities
Communication
Self-esteem
Respect"*

14.7. Healthy Living Activities

"More activities for the elderly - they're living longer so need to take account of that"

“Accessible, healthy activities that are low cost, with transport and supporting communities to deliver locally and free”

“Positive activities for young people in the village, especially older teens”

“Carpet bowls - more activities in the common room - use the kitchen more”

“Subsidised healthy activities such as the gym and swimming”

“Activities for families with older children so they can do things together and be safe”

“More opportunities for walking - better footpaths, access to Sheffield Park and support for developing a walking group as some do not like walking out alone”

14.8. Mental Health and Wellbeing

“Bolster community assets and recognise the skills of local groups to deal with mental health issues”

*“Improve quality of life for those with mental health issues:
Train all frontline staff (NHS, NLC, Police, Ambulance,
Benefits staff) in Mental Health First Aid
Communicate with DWP”*

“Expand and roll-out the Wellness Recovery Action Plan (WRAP)”

“More opportunities for social integration to overcome isolation (Mental Health benefits) - old, young, people living with health conditions”

“Stress and the impact on mental health/wellbeing”

14.9. Accessing Services

“Improve appointment system for GP surgeries - give people more choice on how to book and when, and consider the needs of older people more”

“Out-of-hours GP service - have doctors from the Isle of Axholme agree to provide out-of-hours cover one weekend every few months (depending how many of them there are) for the Isle - this will stop people being sent all over the place”

“More outpatients and specialist services locally”

“Better access to GP - able to book an appointment OTHER than on the same day - and be able to get through! Continuity - family Dr who knows you and who you see each time”

“End the postcode lottery on health and give NHS patients the same advantages and waiting times as private patients”

“Access to GP - current appointment system is awful and particularly difficult for older people to access”

“Access to GP - current appointment system is very unsatisfactory”

14.10. Transport

“Transport - if you haven't got your own, you're stuck”

“Access - transport to specialist services locally”

“Better transport and help with transport costs”

“Improve condition of pavements in the village centre”

“Transport to get to appointments, to health-related services and to enjoy the cultural and social activities available in other areas of North Lincolnshire such as the Barton's Picnic in the Park”

“Train travel for older people - bus passes are not accepted on the train - so they have to pay half fare. However there is a poor bus service because the village has a rail link so OAPs lose out”

14.11. Education and self-help

“Raise awareness and support for people to manage long term conditions - patients and their families”

“More support and information for people earlier when they have been diagnosed with a condition about how to manage that condition and how to stay healthy”

“More support to give up smoking and drinking”

“More support with smoking cessation because cancer rates are high and we need healthier lifestyles”

14.12. Housing

“Clarity regarding the future of our homes and the resource room we use for activities - ‘This is an asset for our community. If it went people would have nowhere to meet - that would have a negative effect on old people’s health here’”

“Housing situation resolved. Peace of mind regarding our housing situation - back off and leave us alone!”

14.13. Communication

“Communication - letting us know about things to improve access to opportunities to improve health and Wellbeing”

“Better communication between services”

“Service providers to be more pro-active about ensuring BME people’s communication needs are met”

“Celebrate the positive rather than the negative”

15. Stakeholder Conference

Community Engagement took place during January and February of 2012 and culminated in a stakeholder conference on 28th February 2012, where the findings from the community engagement was shared with 86 delegates from the public and third sectors and elected members.

Following presentations from Public Health Intelligence on a profile of Health and Wellbeing in North Lincolnshire and from the consultants on the views and comments from residents; the conference broke into locality-based workshops to consider and respond to the consultation findings. Each group was provided with the priorities identified by residents in that locality and asked to identify any missed resources or information and to comment on these. Groups were also asked to agree an issue to take back to the Plenary Session.

15.1 Barton and Winterton Locality Group

Delegates identified a large number of additional community assets and facilities which residents had not reported, including the willingness of some community groups to provide services for others. There was acknowledgement of the difficulty in getting a GP appointment or an NHS

Dentist in the area, and some innovative ideas for developing Community Champions to promote health and wellbeing.

Issue for the Plenary Session:

- Communications and Information about activities that are going on to support health and wellbeing.
- Use natural signposts in community

15.2 Brigg and Wolds Locality Group

Delegates in this group identified a number of community activities that residents had not, but there was recognition that transport, especially in the timing of services, which did not always meet shift patterns for work was a major problem. They also noted the shortage of community buildings in the locality. Positives identified by the group included the development of a service directory by Adult Social Services and the good practice in intergenerational work happening in Barnetby.

Issue for the Plenary Session:

- Activities for young people strong in Barnetby
- Community gardening schemes in Brigg & Wolds
- Reporting back to people to local people you said we did - Using local signposts
- Initials of JSNA are not well understood - need to make sure that LINKs is the local voice of the consumer in healthcare

15.3 Isle of Axholme Locality Group

Delegates raised the opportunities for identification and co-ordination of services within the VANL directory of services. There was much discussion around the economy and the difficulties in generating appropriate training and work in a rural area. Whilst it was acknowledged that some areas had few if any community facilities, delegates were conscious that many community facilities are struggling to establish a full programme and would welcome the opportunity to offer additional activities.

Issues for the Plenary Session:

- Lots of facilities underused put on joint initiatives
- Local ownership - branding stuff differently

15.4 Scunthorpe North Locality Group

Delegates were concerned that some of the issues and service needs identified by residents already exist. This begged the question of whether the services were in the right place, but also raised issues around communication and targeting. Developing different ways to support residents in maintaining their health and wellbeing were discussed as was the need to engage more effectively with BME communities.

Issue for the Plenary Session:

- Communication - to the general public, but also between services/organisations is key, so that if someone comes with a problem someone can help.

15.5 Scunthorpe South Locality Group

Communication about the facilities and services available was identified as a problem by this group, as was the under-use of existing assets. Generally this group echoed the concerns of residents with reference to parenting and life-skills, but were able to identify a good number of community activities that enhanced health and wellbeing or could provide opportunities for this if there was greater awareness within the community.

Issue for the Plenary Session:

- Use of schools as community assets through extended school programmes
- How do we deliver life skills universally when children's services are targeted
- How do we drill down in the JSNA?
- Child poverty will be a priority in the JSNA

Conference evaluation forms were completed by 54 of the 86 delegates; these show an average score of 3 from a possible 4 in terms of conference and delegate objectives being met.

16. Conclusions

Our sincere thanks go to all those who took part in this consultation and to everyone who provided help and support. Of special note was the support provided from North Lincolnshire Homes, North Lincolnshire Council

Securing Our Future Together

March 2012

Sally Czabaniuk and Jenny Gavin-Allen

Childrens' Centres, Voluntary Action North Lincolnshire and NHS North Lincolnshire Public Health Intelligence. In an ideal world, we would have liked to talk to more stakeholders, and know there are groups and individuals we did not manage to engage. However, given the timescale and resources available, it has been encouraging to have gained the cooperation and engagement of all those who did take part.

Participants were genuinely pleased to have been invited to help shape future services and had a real interest in the outcome. Many groups reported that they had enjoyed the opportunity to participate in this way and were encouraged that their views were being valued. The majority stated that face-to-face engagement was their preferred method of involvement.

Details of each group and their preferences for feedback are noted in Appendices 3 to 7. In previous consultations we have undertaken, participants were sent a fact sheet a few months after the event, which summarised the main themes emerging together with the action that would be taken by services - "You said, we did". We recommend that commissioners undertake the same exercise, once actions have been agreed.

We believe that the enthusiasm of the groups we spoke to and their wish to continue to be engaged should be exploited. There is an opportunity here for NHS North Lincolnshire Public Health to use these groups as a platform to launch health and wellbeing activity within communities. It is our experience that community groups who have been engaged in this manner, will welcome both feedback and further involvement.

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