

Annex B2: 2016-19 Peterborough Health & Wellbeing Strategy Consultation, Short Version Results

Question 1: The information presented in the strategy was easy to understand.

Answer Choices	Responses	
Agree	47.42%	46
Strongly agree	23.71%	23
Disagree	15.46%	15
Neither agree nor disagree	11.34%	11
Strongly disagree	2.06%	2
Total		97

Question 2: The strategy used too much medical jargon.

Answer Choices	Responses	
Neither agree nor disagree	32.99%	32
Agree	29.90%	29
Disagree	23.71%	23
Strongly agree	9.28%	9
Strongly disagree	4.12%	4
Total		97

Question 3: The graphs and statistics provided helped to improve my understanding of health in Peterborough.

Answer Choices	Responses	
Agree	34.74%	33
Neither agree nor disagree	29.47%	28
Strongly agree	22.11%	21
Disagree	11.58%	11
Strongly disagree	2.11%	2
Total		95

Question 4: The different sections made sure the health needs of every group of people in Peterborough were addressed.

Answer Choices	Responses	
Neither agree nor disagree	42.55%	40
Agree	39.36%	37
Disagree	10.64%	10
Strongly agree	6.38%	6
Strongly disagree	1.06%	1
Total		94

Question 5: If there are any groups whose needs you felt weren't addressed, or weren't addressed thoroughly enough, who were they and what should we be doing for them?

Response Number	Response
1	Single parent families
2	More carers would be good to help people with disabilities
3	I don't see action for people with back problems like my husband
4	Older people with rheumatism
5	Single mothers – help for childcare and cases of depression
6	Alcohol and drug problems
7	People with arthritis
8	People with poor work environments that are not often/never inspected
9	Insufficient addressing of needs of migrant workers and South Asian communities
10	More required on learning disabilities
11	This strategy is very limited regarding sexual health services given the increase of teenage pregnancy and the decrease of HIV detection in the area
12	Only one sentence included about dementia and nothing about carers
13	The 40-60 age group needs more support. They are often forgotten about and left to fend for themselves
14	There is no mention of children with disabilities/long term and terminal health issues
15	Lesbian, Gay, Bisexual & Transgender (LGBT) – more preventative work required re: sexual health including HIV – work on wellbeing, mental health and substance misuse, suicide prevention etc.
16	Mental illness is mentioned but not much about personal care for those with dementia/alzheimers

Question 6: In general, I could see how the plans and projects outlined in the survey would benefit the health and wellbeing of the community.

Answer Choices	Responses	
Agree	43.16%	41
Neither agree nor disagree	32.63%	31
Disagree	12.63%	12
Strongly agree	9.47%	9
Strongly disagree	2.11%	2
Total		95

Question 7: If there were any projects you couldn't see the benefit of, what were they?

Response Number	Response
1	It would be really useful to understand what is being offered locally to address some of the health issues. As a local resident I am interested in visible changes and services that are accessible to community members with no cost implications. The projects where I see little impact are where initiatives are all online and the expectation is that people will use social media to search for answers and book on to programmes. You will not reach the people who need the support, face to face engagement is more effective.
2	Limited impact for children and young person's mental health in plans described above. How will the Health Visitor programme actually address childhood obesity or self-harm?
3	Scientific projects or scientific knowledge-based programmes have a natural limit. Human behaviour is driven by spiritual forces. Nowhere have you mentioned the importance of my church. "The stone you ignore is the capstone to be". God bless.
4	A lot of talk. Where is the funding? Examples include day centres for people to find and advise, workshops and courses to aid and support people.
5	No details or specifics that will make any difference
6	Poor physical health of migrant workers due to poor enforcement of legal work practices leading to wellbeing & mental health issues as well as organic health problems should be addressed.

Question 8: I could see that for every health issue included in the strategy, it described a plan to address that issue.

Answer Choices	Responses
Neither agree nor disagree	42.71% 41
Agree	36.46% 35
Disagree	11.46% 11
Strongly agree	7.29% 7
Strongly disagree	2.08% 2
Total	96

Question 9: Please add any additional comments regarding this strategy.

Response Number	Response
1	All good but no help for single mothers. More support for them would be nice and helpful.
2	Not enough work is being done to help disabled children but it's good to see how much is being done in the city for different groups of people.
3	Too much information. Need to read again but plans do look good.
4	Good plans but please more help for people with bad backs.
5	I didn't know there were so many projects and so much action going on for people with big problems. I will tell my friends and family.
6	Would be helpful to include a helpline, telephone number or other specific contact details.
7	Happy to see so many plans for people in Peterborough with health issues, especially older people and people with mental health problems.
8	The drug problem in Peterborough is significant; more help will be good.
9	There is too much suffering for old people with arthritis, but good to see projects helping many groups.

Response Number	Response
10	Employer exploitation of workers should be tackled, including associated stress problems.
11	<p>I would like to see mention of the role of trees and natural green space. For example, trees can help to improve air quality, which can reduce asthma rates. Woods provide a range of social, economic and environmental benefits and woodland has been shown to contribute to 10 of the 20 quality of life indicators for the UK.</p> <p>Woods make particularly outstanding green spaces for public access because of the experience of nature they provide, their visual prominence alongside buildings which offers balance between the built and natural worlds, their low maintenance costs and their ability to accommodate large numbers of visitors.</p> <p>Woodland and related activities can also be valuable in promoting social inclusion. Woodland activities, such as tree planting, walking and woodland crafts can provide a forum for people of all ages and cultural backgrounds to come together to learn about and improve their local environment. Therefore I would like to see trees and woodland mentioned in this strategy and to see this reflected in terms of delivery.</p>
12	The plans are high-level and talk about strategies and boards. This does not mean anything to local residents with low levels of literacy.
13	Will the problem be the implementation of the plans?
14	Having read the summary document, all I could see were a list of intentions to do better but no real plan of actions. I will read the 'full' document to see if it tells me more.
15	HIV screening, young people's self-harm and childhood obesity are not covered by the questionnaire. There is limited substance to the plans to give assurance that plans are developed to a degree of analysis which can give confidence that they will actually address the concerns identified in the data.
16	Britain brags that it is a Christian country, yet God's power to change people from drug addicts, prostitutes, robbers etc. is not acknowledged. Science and modern medicine has eclipsed God's power. Without God, science will fail. Please do not get me wrong; science and scientific approaches have some measure of success. However, human behaviour changes cannot be sustained by this approach. Only when people fear God will they abandon their evil lifestyles, most of which cause them disease, misery and crime. I hope my advice will not be ridiculed as unscientific or uneducated. Yet me and many others, not the majority though, are convinced that the purely scientific and secular approach, to the exclusion of God's precepts and the way of life he wants us to live, will fail. God save Britain from science.
17	To improve the lives of Peterborough citizens and to reduce health inequalities when measuring Peterborough averages against national averages would involve serious investment in services, more health-related employees, investing in ethnic minorities, disability groups and reinstatement of staff numbers and programmes in the public health department. Free exercise classes and a return to the number of stopping smoking clinics is vital.
18	Add more on dementia.
19	Involve more end users in policy and direction of services. Develop local projects in helping people to help themselves.
20	More information should be in the public domain, e.g. libraries, supermarkets, pubs etc.
21	Not inventive or innovative enough. You're going to need significant and extreme change to make any difference – a completely different set of ideas and ways of working. This is not it!
22	Strategy seems biased towards adults/senior citizens.
23	The issue of loneliness, especially but not only among older people, does not seem to have been fully addressed. Simple things like visiting schemes can have a major positive impact.
24	Too 'wordy' and too much medical jargon. Strategies were a bit vague and broad.
25	Some approximate statistics but more detailed information required.