

Priorities for Nottingham

What matters to
local people?



**What matters to local people? - One year on
Stakeholder Event - 04/03/21**

In January 2020, Healthwatch Nottingham and Nottinghamshire and Nottingham Community and Voluntary Service facilitated a workshop to hear from voluntary and community sector organisations about what matters to local people in Nottingham City.

One year later we invited them to a follow up event to hear an update and to tell us what local people are saying now.

This is what they told us in March 2021.

COVID 19 has had a big impact

Big increase in wider determinants of health

Unemployment, youth/younger people in particular

Deprivation bracket widened (end of furlough)

Mental health/isolation

‘I miss the face-to-face contact in support groups -
meeting online is not the same’

Disproportionate impact on BAME communities



People from BAME communities

Deep lack of trust with mainstream/statutory services

Vaccine hesitancy in BAME communities as a result of the above

Structural health inequalities/racism

People do not feel engaged or represented from the outset



People with learning disabilities (LD) and carers

Vaccine information not readily available in an accessible format

Concern among people with LD whether the vaccine will impact on their impairments or medication -
'I feel anxious about the side effects a vaccine could have on me'

People with LD reporting not being able to take carers/support workers to vaccine

Increased burden on unpaid carers



NHS services are too disjointed

Not person centered, each part of the system is fixing a bit of 'you' but not the whole of you

“They just fix the bit they need to and they send you on your way, no follow up to link you to the next bit”

Communication still too complex

“I am a white woman who is eloquent in my language (English) and I struggle so much... ..I can't imagine how someone who doesn't speak English is supposed to access services”

People having to tell their story over and over again



Domestic abuse and violence against women

Rise in violence against women in general and sex workers; domestic homicide

Increased need for counselling and mental health support for women

Increased difficulties in accessing statutory mental health services, referrals not going anywhere

Massive increase in need for support from domestic abuse/women's services; demand greater than need, risk of volunteer burnout



Mental Health

Young people are struggling with social isolation

Increased tension and conflict between and within households, intergeneration living arrangement, home schooling

Referrals to mental health are increasing but people are not being seen and it is hard to see how that is going to be resolved without a clear plan

Remote support has been helpful for some people but should not be the only offer “it’s difficult to build up a rapport if not meeting up face to face”



Ideas for future areas of focus for the Nottingham City Integrated Care Partnership

- Focus on mental health
- BAME health inequality in and outside the context of Covid19
- Joined up work between partners to address the wider determinants of health which have been significantly exacerbated by Covid19
- More long-term approach, not crisis management
- Ongoing assessment of the social prescribing programme, on its benefits and the voluntary sector's ability to absorb the referrals
- Greater partnership with specialist services in the community and voluntary sector (domestic abuse, learning disability, etc)
- Community and voluntary sector being more at the centre of the system, not at the fringes

Potential new approaches

- Co-production with community partners
- Better evidencing of need in order to obtain greater central government funding
- More meaningful engagement with disengaged, disinterested communities
- ‘The ‘Everyone In’ scheme from the first phase of Covid19 demonstrated that if there is a will, there is a way; and that inequalities can be addressed if there is the commitment.