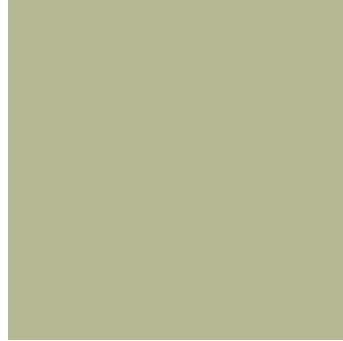
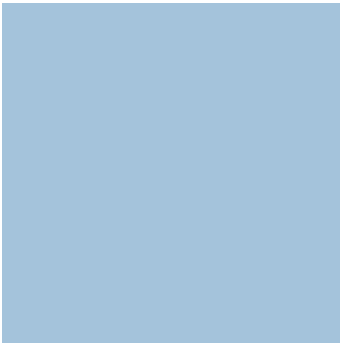


September 2019



Acknowledgements

Thank you to all involved

We'd like to thank the team of community researchers who carried out the fieldwork for this report. You all did such an amazing job to gather so many important views and stories in such a short space of time.

We'd also like to thank all the organisations, services and groups that participated, hosted or supported the team to set up the fieldwork sessions. We wouldn't have been able to speak to such a diverse group of people without your help.

Finally and most importantly we'd like to thank all the people who participated in this research and were kind enough to share all your stories, experiences and ideas with us.

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Background and context

This was a collaborative project bringing together Local Authority and health decision makers, an academic health research network (EAHSN), a user led health and wellbeing group (Eastern Citizen Senate), community research trainers (Community Consultants) and members of the local community who conducted the research.

This project forms part of an initiative to develop meaningful community led health research and action in the East of England. A partnership bid between Eastern Academic Health Science Network (EAHSN) and the Citizen Senate led to the commissioning of a programme bringing together a group of residents and health service users who would form a team of community researchers working on various health and wellbeing focused projects.

The project outlined in this report received additional funding to inform

the development of healthcare in Northstowe, Cambridgeshire. This is an NHS England 'Healthy New Town' programme, building a sustainable new town that promotes health and wellbeing.

The team's brief was to speak to diverse and representative groups within the East of England, in order to investigate their health and wellbeing experiences and find out what would be most important for people to have in a Healthy New Town.

This project is the first piece of work the community research team have undertaken. A six month programme of support and training to deliver the fieldwork was provided by community engagement specialists, Community Consultants.

www.communityconsultants.co.uk

www.eahsn.org

www.northstowe.com

Partnerships
Patients
Public
Commitment
Inspired

Message from Eastern AHSN

“Eastern AHSN have an established reputation for promoting and creating meaningful partnerships with the public and patients to inform our work and that of our system partners. Over the last few years we have demonstrated this commitment through building a strong and sustained partnership with the East of England Citizen’s Senate by hosting them, supporting them to diversify their membership and sourcing funding from partners to assist in escalating their leadership skills.

In September 2018 we attended the NHS Expo in Manchester where we were inspired by the innovative work that UCLPartners had delivered as part of the Better Births Project, where they had adopted a participatory appraisal approach to glean diverse views from mums across North Central London.

Full of enthusiasm for the approach we discussed the approach with the Citizen Senate and then put together a business case to establish a similar mechanism to the East of England. In November 2018 our business case was agreed by the Eastern AHSN board and we began the work. We were then able to secure our first commission from the Northstowe Healthy New Town Steering Group to undertake our first assignment.

We are delighted to see the progress that has been made over the last eight months and are excited to see what valuable insights the team are able to bring back to the Northstowe project.”

**Helen Oliver | Chief Operating Officer | AHSN Network Test Bed
Programme Manager | Eastern Academic Health Science Network**



Innovative
Participatory
Appraisal
Commission
Insights



The project team

Community Researchers

This research was conducted by members of the community who were recruited for their local connections, passion and diversity of lived experience.

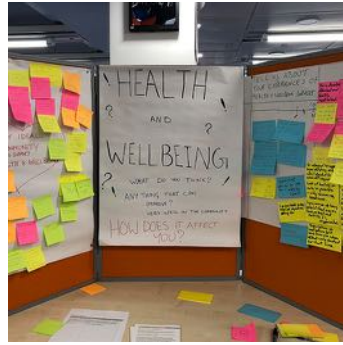
EAHSN Participation Lead and Community Researcher- Yannick Auckland

Community Researchers - Nat Barden | Amanda Berry | Michael Brown | Cynthia Dhanasekaran | Danielle Lusher | Marie Maltby | Amanda Orchard

"The research was the bit I most enjoyed, talking and listening to people was a privilege. It feels like something people have given you and you want to ensure something is done with it"

"I feel I can relate to them... I can understand what they are saying to me and I can empathise"

"My wish is that the voices are heard, that decision makers put into place what we found out and it really is a 'healthy' new town"



Training Programme

5 days of training and practical fieldwork

The community researchers team received a 6-month programme of Participatory Appraisal (PA) training and support delivered by Emily Wood Ahmed and Zack Ahmed who are public engagement specialists working as Community Consultants. This included 5 days of training and practical fieldwork:

- The team learnt about the ethos behind PA, the different roles PA researchers take up in fieldwork and the importance of putting aside ones own views to enable others to share their experiences, including those who seldom have a voice.
- They were taught to use a range of PA tools and to identify when different tools are selected and used.
- They were supported to plan fieldwork sessions, write up session reports, explore, analyse, validate and identify key themes from the research.
- The team were then trained to present their findings to key stakeholders and decision makers and facilitate a process of prioritisation, decision making and planning at a public event.

The project team

Partner organisations

Click links to hear more



EASHN | Eastern Academic Health Science Network is one of 15 Academic Health Science Networks (AHSNs) set up to spread innovation at pace and scale across the healthcare system – in order to achieve the ultimate goals of both improving health and generating economic growth. As the only bodies that connect NHS and academic organisations, local authorities, the third sector and industry, they are catalysts that create the right conditions to facilitate change across whole health and social care economies, with a clear focus on improving outcomes for patients.

<https://youtu.be/IRh4hQcYTf0>



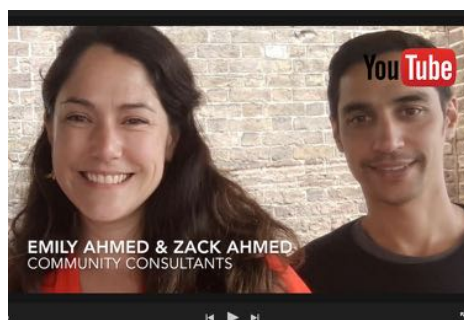
East of England Citizens' Senate | The Citizens' Senate is a resource pool and source for informed patient involvement. It provides the Clinical Networks and other regional healthcare structures with insight, information and views about services and proposed redesign or service change from the perspective of patients and carers. Members of the CS are all living with long-term conditions or are caring for others with debilitating illness. They have current and relevant experience of services and are therefore considered 'experts by experience'.

https://youtu.be/97dHI3xQy_E



Northstowe | Cambridgeshire's Healthy New Town. An NHSE Healthy New Town based on the site of the former RAF Oakington base and surrounding farmland between Cambridge and Huntingdon, Northstowe is a sustainable new development that is richly steeped in local history, giving it an identity that is entirely unique and one that promotes health and wellbeing.

<https://youtu.be/4HGDidj0kJM>



Community Consultants | Community Consultants are public engagement specialists who have extensive experience of providing Participatory Appraisal action research training and research within public health, maternity services and across wider health and community services. They also offer support and expertise in the development of engagement strategies and work plan development, facilitation of co-creation engagement events and group work and Action Learning Set training and facilitation. <http://www.communityconsultants.co.uk>

Methodology

Participatory Appraisal

Community research uses citizens (community members) to carry out fieldwork, as opposed to more traditional research which is usually conducted by academics or private consultancy organisations. This approach helps break down barriers that research 'subjects' might usually experience, instead putting the community at the heart of the work. When people we identify with and can relate to ask us about our lives, we're likely to give more honest, meaningful and connected responses. Further to this, researchers embedded within a community know where to go to find the people who most need to be spoken to and may also have the connections that can quickly gain access to them. A number of sessions for this project were set up within services and groups the researchers either used themselves or knew about through their own personal lives.

The specific approach used for this project is called **Participatory Appraisal (PA)**, a community research and development methodology that brings together a set of interactive, visual and simple to understand research 'tools', alongside an ethos where

people's lived experiences are viewed as core to the work. PA teaches that people are 'experts in their own lives', which means it is those at the centre of the issue being investigated who are best placed to decide what works and what needs to change.

PA was first used in the international development sector and is now becoming popular in the UK for **working within communities and co-creating solutions** to challenges people face in their lives.

Researchers use their knowledge of the community to bring the research to people, making them the central focus and consulting in their own environments. This helps **shift the power dynamic towards participants** and also enables researchers to **engage marginalised voices**. By having a set of easy to use and interactive tools at their disposal, researchers are able to adapt to the fieldwork environment and include the views of people who might not ordinarily get the opportunity to contribute to social research. PA is therefore well placed for including the voices of those seldom heard and develop meaningful solutions for people in most need of change.

Where the research took place

The research was conducted over May, June and July 2019. The team visited 12 locations across Cambridgeshire, Norfolk and Suffolk.

1. Public library | All library users
2. Leisure Centre | Women aged 50+
3. Supported accommodation | Vulnerable women
4. Children's Centre | Parents & families
5. Recovery Café | People in recovery from addiction
6. Mental Health Support Group | Mental health service users
7. Carers Group | Carers
8. Youth Support Group | Young women
9. Leisure Centre | Men aged 20s & 30s
10. LGBTQ+ Project | Young people
11. Children's Centre | Parents & families
12. Northstowe Community Event | Northstowe residents

Of the twelve research sessions, eleven were carried out prior to data analysis and then one final session was organised with residents in Northstowe. This last session was used to clarify (validate) whether the data gathered was relevant and if the themes from the work are as important to people living in Northstowe as they were to those living elsewhere. The session was also used to see if there were any additional issues Northstowe residents felt were important to highlight.

The Community Researchers mapped places and organisations they had links with, identified gaps and reached out to target groups.

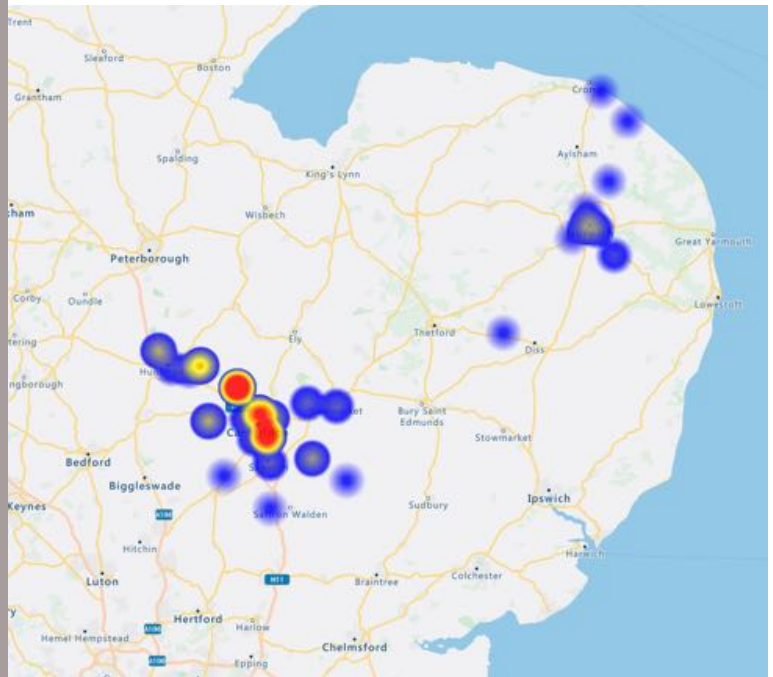


Who we spoke to

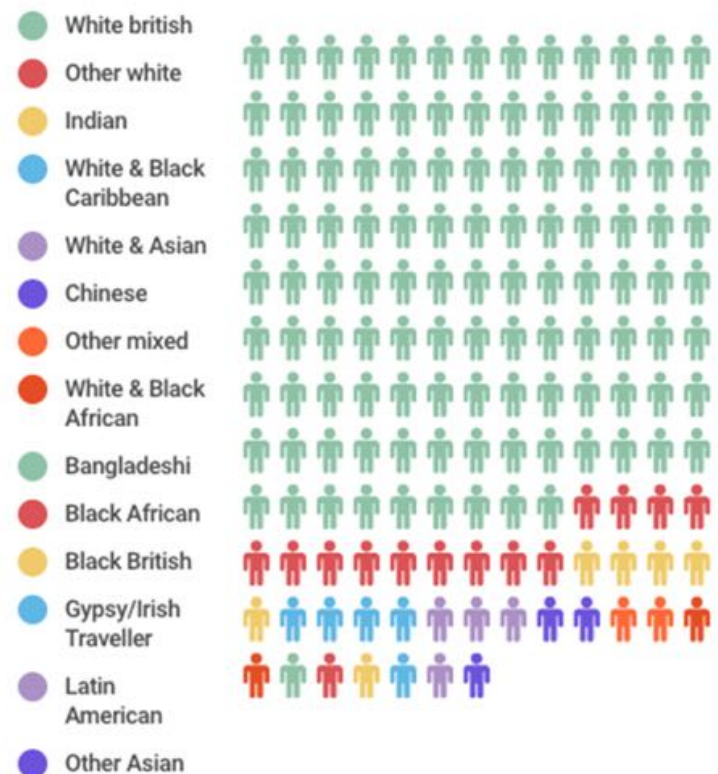
The findings in this report include the views of a large and diverse group of residents from a number of locations across the East of England, including; parents with young children, older people, young LGBTQ+ people, mental health service users, those in recovery from addiction, people with long term physical health conditions, as well as people who felt they had relatively healthy lifestyles.

During the research the team spoke to more than 150 people.

Where participants live



Ethnicity

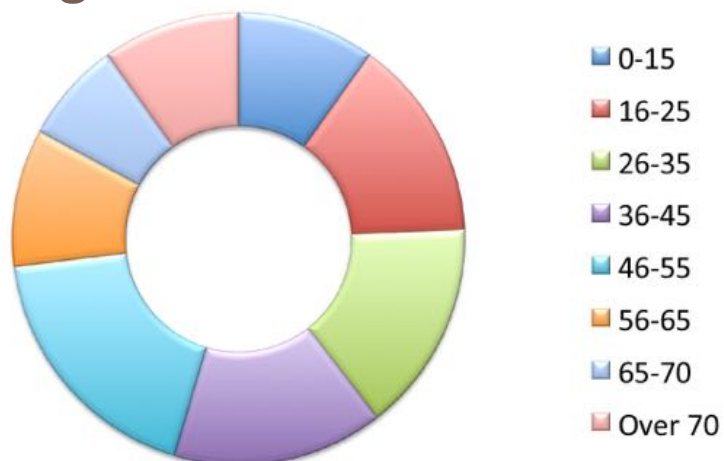


23% of people we spoke to said they have a disability

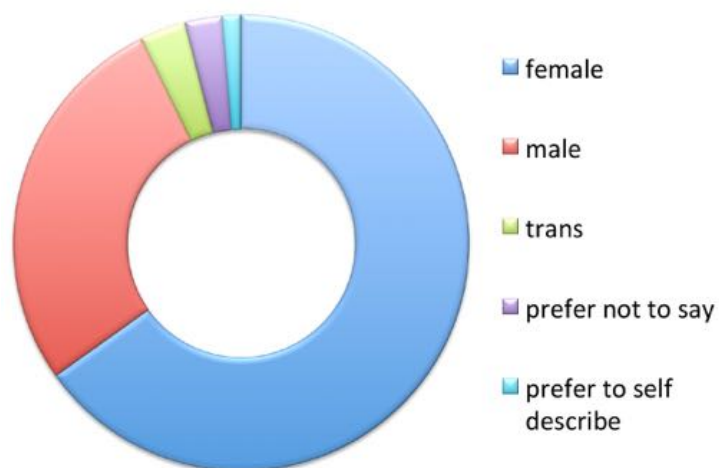
42% of people we spoke to said they have a long term health condition

17% of people we spoke to said they are carers

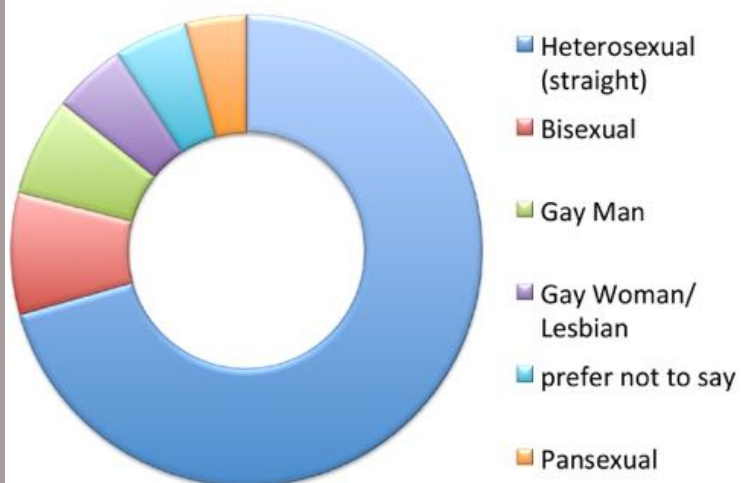
Age



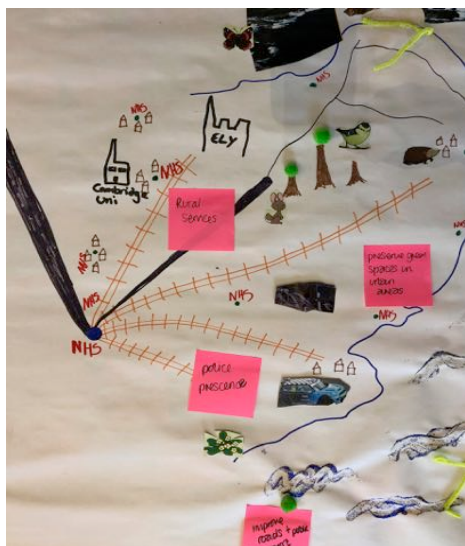
Gender



Sexual orientation



The questions asked & tools used



Mapping

Participatory mapping encourages people to draw or create representations of the world around them. This could reflect how things are for them currently or be an imagining of how they'd like things to be in the future. Importantly, these maps don't have to be accurate geographical representations but instead enable participants to pictorially emphasize important aspects of how they view their world.

In this project mapping was used to ask some of the participants:

“Tell us what your ideal Healthy New Town would look like?”

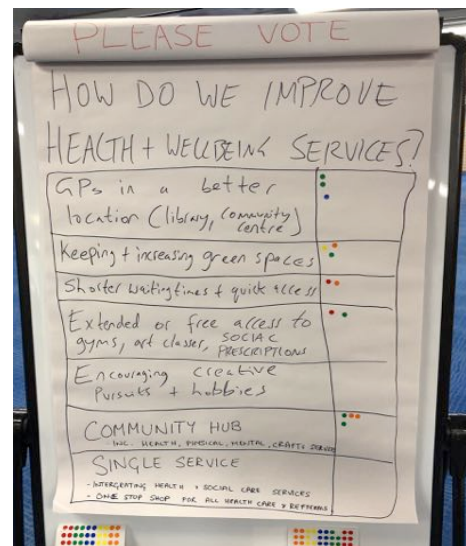


H-Form

H-Forms combine a few different elements that enable lots of information to be gathered through a simple process. A session can begin with a continuum that gauges how different participants feel about the topic on a scale of 0 to 10. Facilitators will then explore first the positive and then any negative views of that topic, and finish by asking participants for their suggestions and views about what would make things better.

In this project H-forms were used to ask participants:

“Tell us about your experience of health and wellbeing services”



Dot-Voting

Dot-Voting is used at the end of a process to help make decisions by identifying what participants and stakeholders want to prioritise. A list of options is written out and everyone receives a set number of sticky dots to vote with. They can either spread their votes across different options, or if there are one or two that they feel most strongly about, choose to place all their dots on these. This process helps us see what is most important to participants and is an effective way to make decisions about how to take work forward.

**Health
Support**

**Mental
Health**

Accessibility

Information

**Community
Spaces**

Activities

Analysis & Findings

Many health and wellbeing issues were spoken about across the twelve research sessions and there were a handful of particularly poignant accounts of individual's experiences.

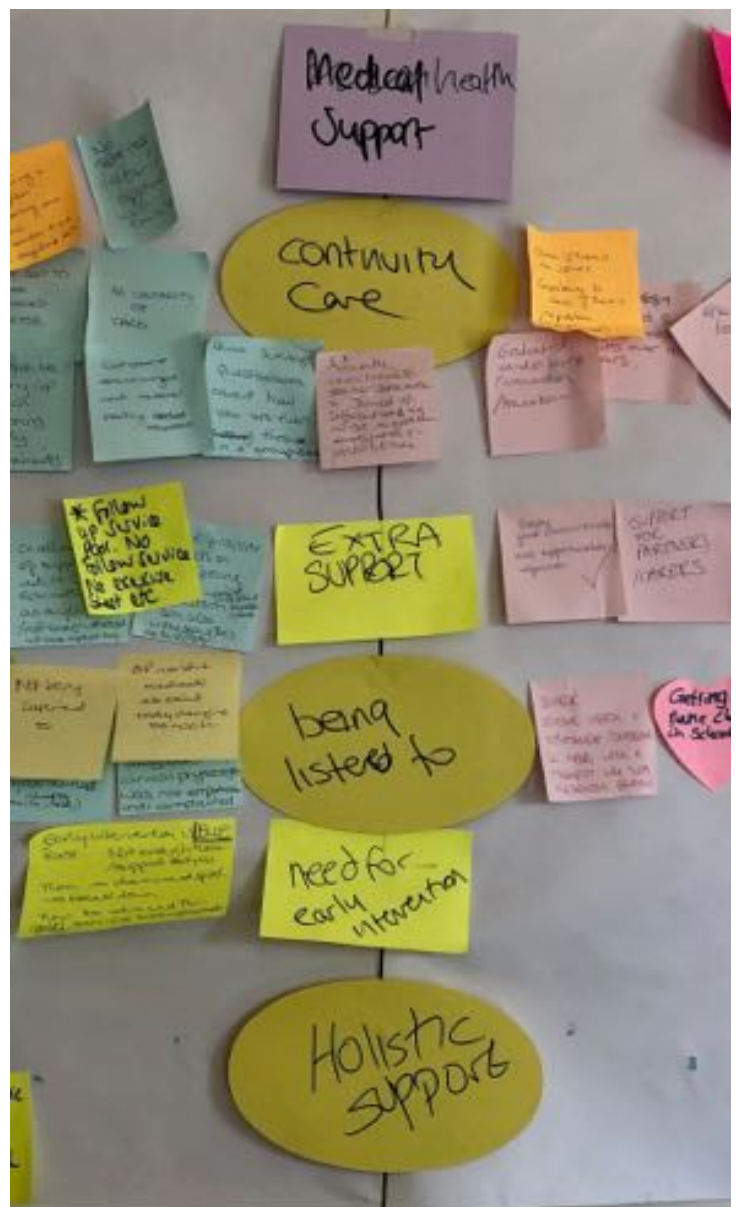
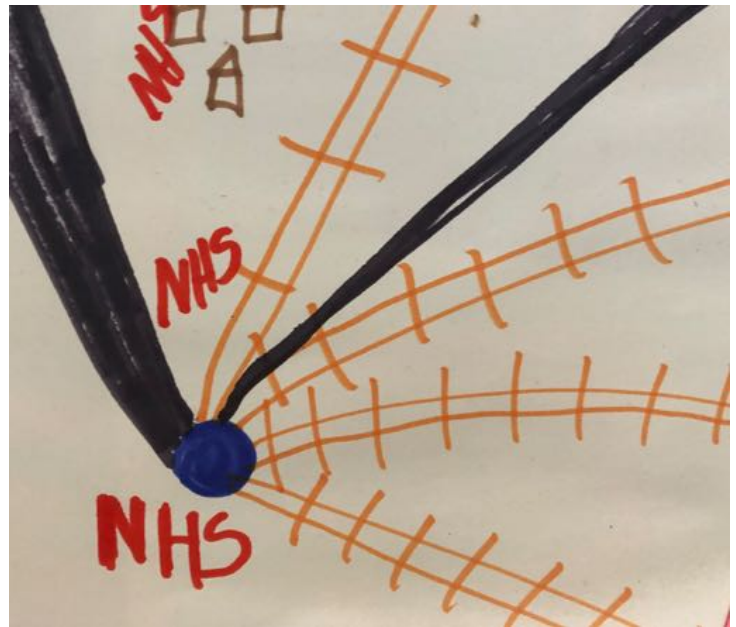
The project team came together in June for a day of data analysis. Here fieldwork notes from across all the research sessions were brought together and organised thematically.

Through this process six themes emerged that were found to be particularly relevant to the core objective of the project. Almost everything participants spoke about fell within one of these six themes and in some cases, issues cut across two or more.

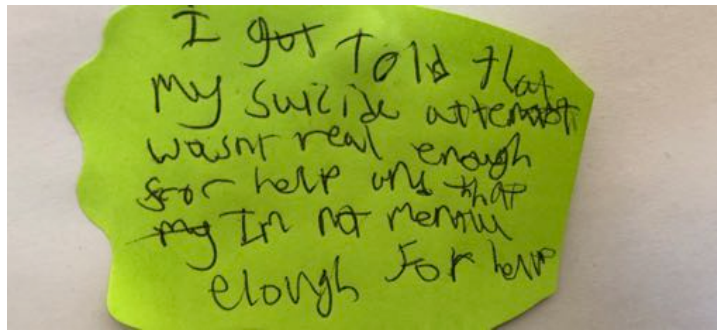
The following section outlines each of these six overarching themes and any sub categories that sat within them. Descriptions are supported by quotes from the fieldwork and each theme is concluded with key recommendations participants made about them.

Health Support

This was the theme people spoke about most, covering many different aspects of participants' health needs and the services they access. There were a number of valued services, particularly those offering support to people experiencing issues such as; poor mental health, homelessness and addiction. Some also spoke about excellent hospital and GP services, while others were critical of the care they receive.



Listening
Valued
Attentive
Relationships
Continuity



Misdiagnosis
Abandoned
Stigma
Understanding
Help

Being listened to and taken seriously

One of the things people find most important when it comes to healthcare is that they feel listened to and understood by professionals. There were some good examples of professionals (particularly GPs and Third Sector services) being attentive to patients' needs but many also said they had poor experiences of healthcare because of how professionals related to them.

"Why don't they take it seriously when I'm speaking about my own body, surely I know what my body is feeling, that is one thing that I should know better than them" (young person)

Some pointed out how this led to health issues becoming more serious or complex as they hadn't been addressed early on.

"Doctor did not listen causing being misdiagnosed and put on medication which made me worse"

Not being listened to was a particularly important issue for young people, many of whom spoke about feeling let down or abandoned when asking for help.

"I got told that my suicide attempt was not real enough for help and that I was not mental enough for help" (young person)

Some also feel stigmatised when they present with certain social care issues.

"There's a lot of stigma attached to blue script holders and the clients attached to them- pharmacists need to be better at trying to understand addiction"

Others gave examples of the value they place on being listened to and understood by professionals.

"Excellent GP who recognised a problem- caring!"

Joined up
Transitioning
Relationships
Trust
Support



Information
Sharing
Value
Community
NHS

Continuity of care/extra support

“I’ve had a good relationship over ten years with two GPs”

Many spoke about the importance of joined up care and support. This could be for transitioning from hospital into the community, stepping down or having to use multiple services to address a health issue, or just the need to be able to develop relationships with healthcare providers but the important thing was where this didn’t work people felt lost in or abandoned by the system, or that care was fragmented, leading to anxiety and/or health deterioration.

“There needs to be more of a joined-up approach- joined up care” (recovery café participant)

The positive things people spoke about often referred to instances where they received good continuity of care, follow up and after care.

“trust takes time to build”

Where people had negative experiences, they spoke about a lack of joined up care and support, or feeling they got little or no follow up after suffering a difficult health issue.

“We heard that there was not enough information sharing between services and people not being seen by the same person twice” (Community researcher)

“No after care after surgery- no questions about who will look after her or anything” (carer)

People spoke about the value they placed on services that that were there to support them in the community.

“A lot of the health support seemed to come from perhaps not the NHS but community services, there was a lot of people advocating for community services that they’d received” (community researcher)

Long
Challenge
Lucky
Difficulties
Concerns



Responsive
Specialist
GPs
Early
Intervention

Waiting times

Long waiting times were another challenge that people highlighted when talking about their health.

Many spoke about the frustration of not being able to see GPs when they most needed to.

“You’re lucky to see your doctor within two and a half weeks”

There were also some particular gender related concerns here.

“Difficulty accessing a female GP- book ahead for six weeks can’t give me an appointment within or outside of the six weeks” (woman over 50)

“Long wait for appointment- three months for smear test (Fridays only)”

People who didn’t experience these difficulties expressed how highly they valued responsive GPs.

“My surgery is the best in the country- no wait”

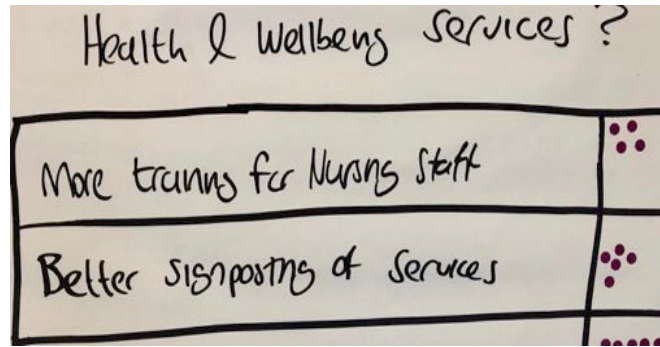
Others drew attention to waiting lists to see specialists or access services, expressing how long waiting times can lead to issues being addressed too late on.

“Waiting lists too long for early intervention- by the time you reach the top it’s too late too serious” (vulnerable woman)

“People had to wait a long time, by the time they actually got to the service they had got to a stage where perhaps the intervention was too late and they had got to crisis level” (community researcher)

“CBT- wait was six months for a telephone call” (carer)

Long-Term
Holistic
Carers
Family
Navigating



Communication
Training
Information
Intervention
Age Appropriate

Accessing help

Participants also spoke about problems accessing services. Some spoke about the need for more support attached to long-term health issues and a greater emphasis on holistic support instead of relying on medication and other medical interventions. Many were also advocating for more age appropriate services, particularly for young people and for older people. It was also pointed out that there needs to be more in place to help carers. One group spoke about the difficulty of looking after family members with health problems, particularly the emotional strain this causes for themselves but also the challenges of navigating care systems and trying to have the needs of their loved ones met.

“Since ‘care’ has been handed to private organisations the funding and quality has gone downhill” (carer)

Ideas and suggestions for health support

- GPs and health professionals to have training to improve communication with young people and vulnerable adults
- Training for GPs and health and education professionals in social issues and trauma
- Plan for how to improve information sharing between local health and wellbeing providers across all sectors
- Early intervention youth health drop in services in GP and community
- Age appropriate health checks and support for people aged 50+

Mental Health

"A mental health hub, a 24-hour drop in, also arts and crafts therapies, a more holistic approach for mental health as well"
(community researcher)

Mental health was spoken about a lot throughout the fieldwork. It was such a prominent issue that it had to be separated out from health support, forming a category of its own. Some people talked directly about mental health challenges they face and what helps them manage these, while others spoke more generally about their mental wellbeing and how they feel communities and services can be structured to support positive mental health.



Access
Statutory
Therapies
Peer Support
Wellbeing



Activities
Groups
Creative
Sustainability
Social

Types of support

On the whole, people feel they receive good mental health support when they're able to access it but waiting times are an issue for many people, specifically in trying to access statutory mental health services and associated therapies.

There were some highly rated services and those that people value most tend to be services offering peer support, social contact and wellbeing activities. Participants spoke about the efficacy of medication and how in some cases this was managed well but many said that instead of medication what they really need is access to therapies, therapeutic groups and activities to help improve their mental wellbeing.

Peer support and activities, particularly creative activities, were highlighted as being some of the most valued interventions.

“Peer support was held up as being very important to mental health service users, as well as being able to participate in arts and craft activities” (community researcher)

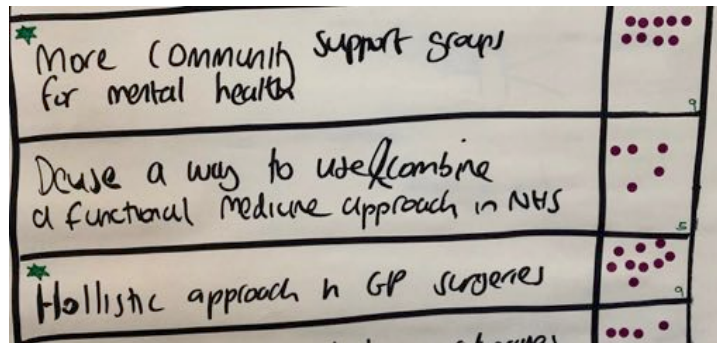
“I think people strongly were drawn to groups and peer support, so meeting others and hearing others journeys and recoveries was more beneficial than kind of individual services” (community researcher)

People who rely on these services are anxious about their sustainability, due to funding cuts and retendering.

“[We need] places and funding to enable emotional support, social networks, peer support for all sorts of ages, can be at health services or in the community”

Having access to out of hours support is also felt to be very important.

Referrals
Interventions
Waiting
Diagnosis
Pressure



Joined up
Wellbeing
Needs
Activities
Supportive

Waiting times

Waiting to get help was a big issue for people talking about their mental health. Although some were concerned about long waiting times after referrals to statutory mental health services, many said their problems were exacerbated by not having interventions they could engage with while they were on waiting lists.

“Waiting times for therapy for people, what do people with mental health diagnoses have in between their waiting periods, there needs to be something for them to do there needs to be someone for them to see, a peer support worker or someone who maybe can see them in that time while they’re waiting, which would take the pressure off therapists” (community researcher)

Holistic Care

Another issue raised was the need for more joined up thinking across physical and mental health services. Some people with serious or long-term physical health problems felt their mental wellbeing wasn’t being considered or managed to the same level, even though this is directly being impacted on by their physical health needs.

There was also a strong thread throughout the fieldwork of people talking about how a community designed to support/improve citizen health and wellbeing will contain many of the factors that support positive mental health (outdoor space, positive social activities and a connected/supportive community). Some also spoke about the benefits of mental health awareness in schools and how this can set a foundation for young people to be more in touch with their own wellbeing needs.

Peer Support
Drop Ins
Arts and Crafts
Inclusive
Support



Activities
Groups
24 hour
Local
Face to Face

Ideas and suggestions

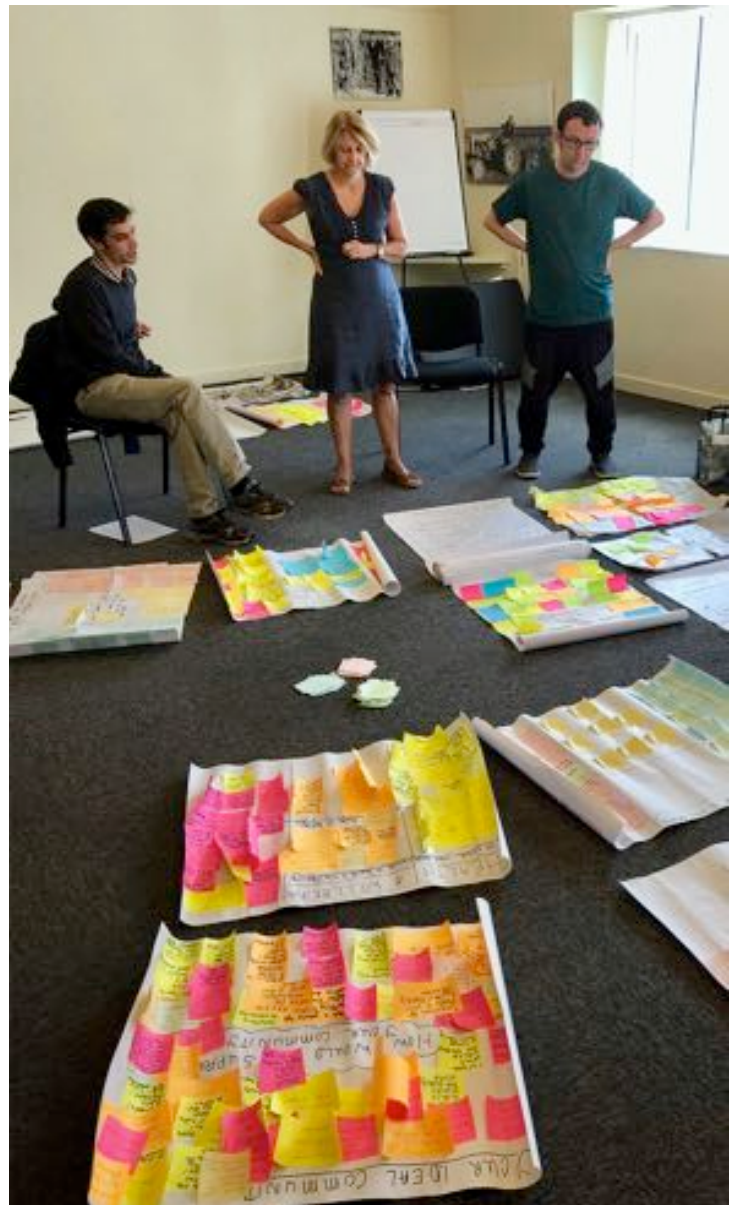
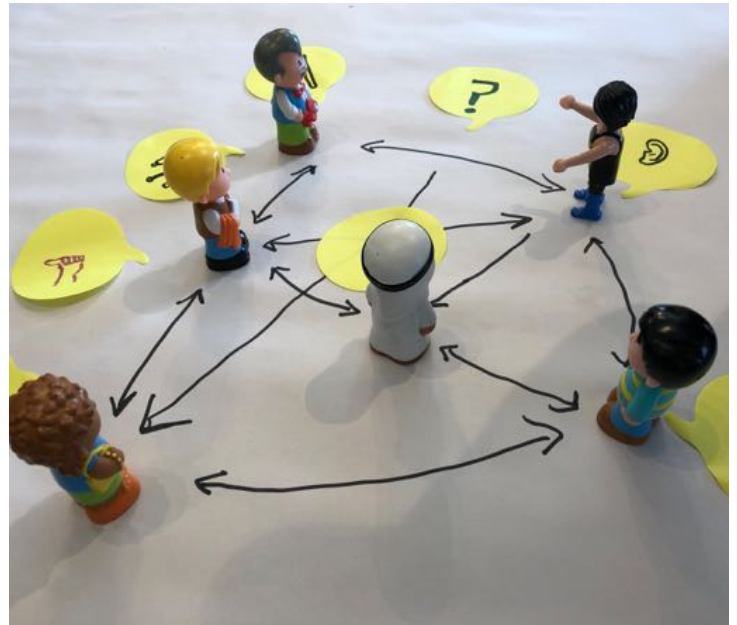
- Set up peer support mental health drop in groups (men, parents, LGBTQ+, retired people)
- Set up all day art and crafts activities that are inclusive for all (ideally there would be a gallery space and info board)
- Ensure there is 24-hour mental health drop-in support
- Ensure there is local provision for face to face therapeutic support (e.g. for bereavement, addiction, youth)

“Mental health drop in rather than having to see GP to book an appointment”

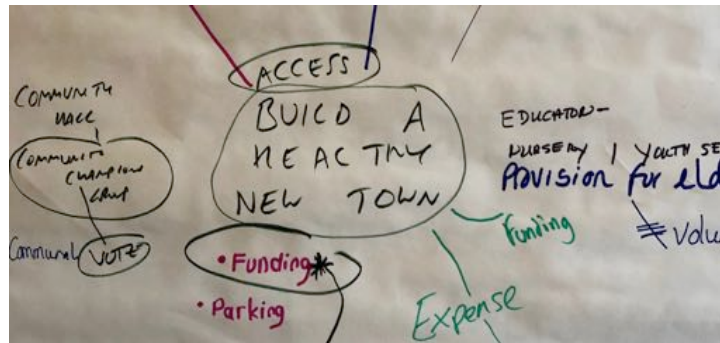
(Northstowe resident)

Accessibility

There are three sub-categories falling within this theme. The first referred to the built environment and in particular how people with disabilities are able to use public spaces, secondly people were concerned about travel and transport, and finally some spoke about accessibility of services.



Environment
Infrastructure
Mobility
Disability
Pushchairs



Accessible
Rural
Urban
Isolation
Wellbeing

Disability Access

There was focus on the built environment and how certain infrastructure helps or hinders those with mobility problems and disabilities. People spoke about important aspects of built environments, such as: access to buildings, parking spaces, pavements, clearly defined separation between roads and paths, and how these should be central to any plans for building a new town.

“Better paths to allow for wheelchairs, walkers, pushchairs”

“Make sure all public buildings are (wheelchair) accessible”

Transport and travel

Travel between rural and the urban areas can be a challenge, with some complaining about the cost of public transport and also that it was too scarce.

“Guided bus way is way overpriced. Cannot afford to use it!” (Northstowe resident)

This can lead to isolation for some, which impacts on their mental wellbeing. This was in fact one of the main concerns for people currently living in Northstowe.

“Isolated in this area. Anxiety of people” (Northstowe resident)

One resident felt encouraged that it would become easier to get around due to improved transport in and out of Northstowe

The roads around the town were also a concern for residents.

“Traffic too fast. No pedestrian crossings” (Northstowe resident)

Accessibility
Local
Services
Connections
Postcodes



Play
Children
Distance
Town
Urgent

Accessing services

Participants also spoke about accessibility in relation to the type and quality of support they receive being variably dependent on where they live and how their local services connect.

“Accessibility down to postcode lottery meaning people miss out on vital services” (Recovery cafe participant)

Residents of Northstowe in particular pointed out that there are currently some vital services missing from where they live. These include:

- Play area for children
- GP (closest is currently a 25-minute walk away)
- Dentist
- Post office

They acknowledged that the town is a work in progress and hope to eventually have all of these services available but feel some are needed urgently.

Ideas and suggestions for accessibility

- More blue badge spaces
- Councillors/decision makers to try getting around in wheelchairs
- Make sure parking and transport is affordable
- Free bike scheme to be able to use Northstowe cycle path.

“There was one person that made quite a memorable quote to me about how the councillors should go around in a wheelchair themselves for the day to see exactly how accessible everything is for them” (community researcher)

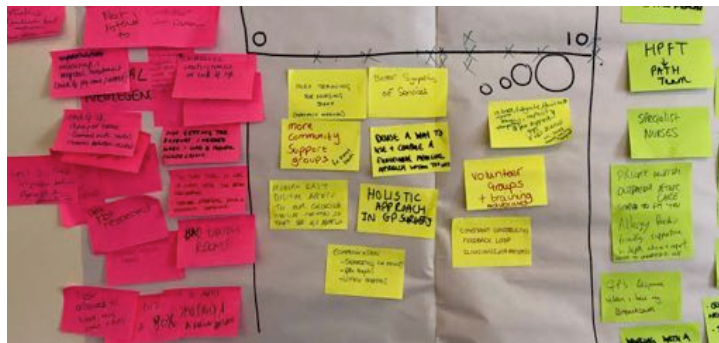
Information

"Don't feel that there is a central place to access info about living here" (Northstowe resident)

Accessing information and finding out about services and activities was very important to people. Many were also concerned about how services and professionals communicate to them and with each other about their care.



Improve
Wellbeing
Accessible
Centralised
Public



Families
Community
Hub
Digital
Games

Information about services and activities

How people are informed about services and activities to improve their wellbeing is very important to them. Many want accessible information to be displayed in centralised public spaces, such as libraries and GP surgeries, so they know where to go to find out about things for themselves and their families. The concept of a community hub for information sharing was posed by a number of participants.

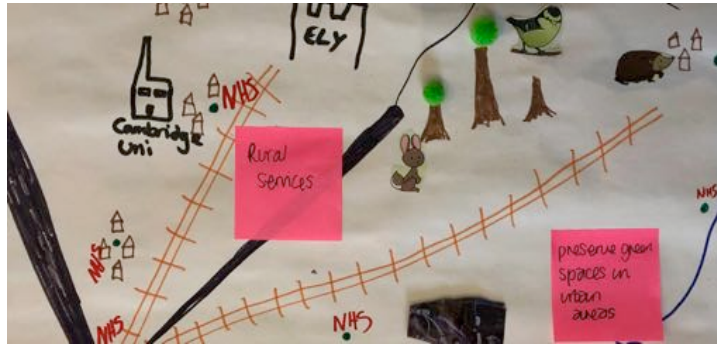
“It seemed the general consensus was that people wanted a hub in the community where they could go to find out all this information’ (community researcher)

Others called for more easily accessible digital information, on websites, apps, etc.

“People consistently said that they had a thirst for finding out more in both paper and digital format. This could be subjects such as health services, legal advice and benefits, nutrition and exercise” (community researcher)

When asked what would make it better one young person suggested having interactive screens, information about health services and age appropriate games.

Professionals
Sharing
Repetition
Connections
Language



Training
Effective
Digital
Interactive
Website

Communication and information sharing

Participants are also concerned about how they get information from professionals and how professionals/services communicate and share information amongst themselves.

“Information amongst services needs to be shared better, it seems there’s a lot of repetition, when people go in with a serious illness like PTSD they’re having to then relay the same information to other services rather than there being more connection between those services already” (community researcher)

Use of language was also something that came up a lot. People spoke about how they didn’t always understand what health professionals were saying to them, or didn’t always know what was being communicated to them in letters they received. Participants said they needed more time to have things explained to them. Many suggested a need to provide more training for professionals to better understand and communicate more effectively with patients and service users.

Ideas and suggestions for information

- Work with the community to create paper and digital information about local activities, health provision, legal and benefits advice, nutrition and exercise and holistic general health advice
- GPs and surgeries to be hubs for information
- Provide interactive iPad/screens that have age appropriate health information and games in community buildings and GPs

Community Spaces

Shared community spaces were brought up for a few different reasons but the most prominent topic was around the desire for centralised multi-use spaces that allow people to have a range of needs met easily and holistically in one location.



Centralised
Multi-use
Holistic
Location
Participation



Inclusion
Community
Promote
Improve
Outdoor

Community spaces

Shared community spaces were brought up for a few different reasons but the most prominent topic was around the desire for centralised multi-use spaces that allow people to have a range of needs met easily and holistically in one location.

*“Health centre that’s got everything in it i.e. dentist, GP, nurse, midwife, health visitor”
(Northstowe resident)*

These spaces were also recognised as being important to encourage participation and inclusion of all members of the community, which will help promote and improve peoples’ wellbeing.

“I think it comes back to a bit of a mental health thing as well doesn’t it, it’s just so good for your wellbeing, that space kind of getting together, bringing people together... you know not kind of sat in front of the TV and video games and things like that” (community researcher)

“cooperative village shop- bringing the community together”

People also drew attention to the importance of access to outdoor spaces and healthy outdoor activities.

“There is a large green space on the estate. Children play here it’s a very safe place. People walk their dogs. The residents are worried they will lose that space, as they’re starting to build some dwellings on the edge... The space is invaluable for people with mental health issues”

Gyms
Affordable
Leisure
Parks
Inclusive



Together
Safety
Hubs
Green
Lifestyles

Community spaces (continued)

Some also spoke of the value of outdoor gyms and other affordable leisure facilities.

“Outdoor gym to be able to enjoy outside space as well as use gym equipment with no membership” (Northstowe resident)

One Northstowe resident suggested that parks should be designed to be inclusive for people of all ages and have things that encourage people to be close together and not separate.

There was also concern about community safety, with one Northstowe resident asking for support to start neighbourhood watch.

“No CCTV - concerns especially over winter time and when on holiday”

Ideas and suggestions for community spaces

- Create community hubs – safe, inclusive spaces that bring people together and have multiple services located within them
- Need lots of open and green space that people can access and good affordable leisure facilities
- Promote culture change towards more healthy lifestyles and by developing an environment where people don't feel stigmatised and are able to talk about important health and wellbeing issues (e.g. mental health, LGBTQ+ identity, sexual health)

Activities

Many participants spoke about the importance of activities being available for all members of the community. This ranged from organised groups for people in certain demographics, to learning and development opportunities, as well as more general activities that enable different groups of people to come together.



Centralised
Multi-use
Holistic
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Inclusion
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Activities

“more groups in society – mutual aid- to make connections and not feel alone” (carer)

The groups that were identified as most in need of specific provision were young people and older people.

“Nothing for teenagers!” (Northstowe resident)

“There was an older gentleman who was over the age of 80, he’d had a really tough experience with his wife and he’d moved back to the UK and he felt that actually there was nothing he could do. He tried to join a couple of the groups like Men’s Shed and other arts and crafts just to see if he could get involved in the local activities and what he found is that actually there wasn’t anything for people over the age of 80, especially men. Normally it was all about knitting or painting or, you know having a bit of a gossip or embroidery... and he said there used to be so much more when he was younger”

Some also spoke about wanting more training and learning opportunities, which includes finding out about how to look after their health better and things that improve employability.

Others spoke about the benefits of being able to use gyms and leisure centres but how costs were sometimes prohibitive. Many thought gyms should be subsidised to enable more people to be able to use them.

“The gym has vastly improved my mental health and physical health” (vulnerable woman)

Events
Town centre
People
Community
Involved



Open Spaces
Nature
Training
Integration
Volunteering

Activities (continued)

Some also said that events and activities in the town centre would be a really good way to bring people together and help encourage a community to grow. Festivals, music events and markets were all suggested.

“bring people together feel like they’re involved”

Someone spoke about the positives of where they live.

“Lots of open spaces and parks and football fields, forests where we can walk the dog, means we have outside space to be separate but also connected. Also family picnics- there’s something for all ages, generally makes us feel happy, nature and forest” (carer)

A couple of teenage girls from Northstowe asked for

“Training to get people to play different sports outside of school time to encourage children to play sports, who don’t have access to them at school”

Ideas and suggestions for activities

- Lots of different activities for people to participate in, some for specific groups (e.g. older people, young people, children) and others that bring different groups together
- Providing opportunities for children and young people to learn from local business and institutions (specifically sciences, health and education)
- Volunteering scheme for 16 to 25s to gain self-esteem and work experience and offer peer support (signposting/referral services through school/social care/charities)
- Community bike rides/walks

Mapping out ideals

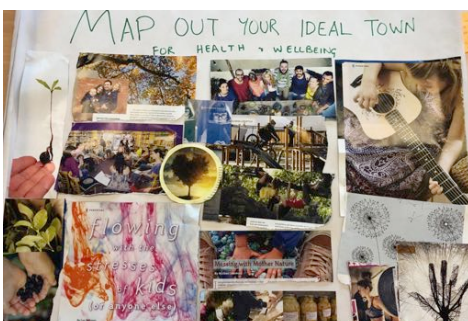
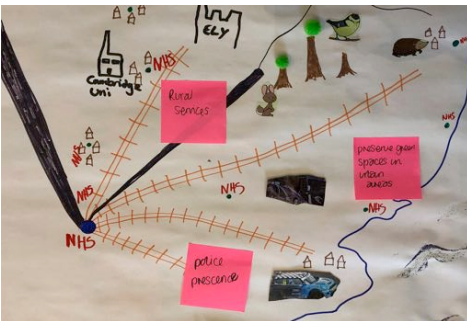


In some fieldwork sessions participants were also asked to map out what they would like to see in a town that was specifically designed to support and improve their health and wellbeing. The things that people picked out as being important very much echoed the themes outlined above.

The most common things people wanted were:



- A community hub
- Libraries, and good public spaces
- Access to outdoor and green space
- Enough GP surgeries to ensure shorter waiting times
- More activities for; older people, men and young people
- Subsidised/discounted gyms
- Good mental health services
- Community events in town centre to bring people together



This was all summed up very nicely by participants at a mental health service who said an ideal community would have:

“Community gardens and allotments, good outside spaces, libraries and community centres, places for people to meet, community run cafes that are affordable, playgrounds for kids to run and jump around. Community carpentry, music and art groups. Affordable sports and swimming. Community murals”.

Stakeholder event

Research into action

Participatory Appraisal (PA) is a participatory action research methodology. An important part of this process is the presentation of research findings and learning from the work so this can be used to begin collective action.

The stakeholder event for this research took place in September 2019 at the Northstowe community centre and brought together different groups who were interested in the research. Event delegates were given the opportunity to hear about the Northstowe development plans; learn about the process of the Participatory Appraisal; and listen to the community researchers present on their findings and key themes.

The community researchers facilitated a series of thematic workshops that enabled people to work together to plan how to take learning into action. Event delegates were encouraged to choose a table based on which of the key themes they felt most resonated with them. They then worked through a series of activities that enabled them to:

- **Discuss findings and ideas/suggestions from the community**
- **Sort ideas into which are already actioned/partly actioned/ no action yet**
- **Impact rate which would be easiest to implement and have greatest impact**
- **Discuss and vote which action to take forward**
- **Plan initial steps that would be needed**
- **Decide individual actions to ensure this happens**



All delegates were asked to commit to at least one individual action- no matter how big or small. This ensures that everyone takes some level of ownership and can be involved in whatever way they feel ready or able to.

The event was well attended by over 50 people, representing a variety of groups.

This included Northstowe residents, the Northstowe planning group and local community workers. There were representatives from the South Cambs, Cambridgeshire and Peterborough NHS Foundation Trusts, CCGs, STPs, PCNs, Public Health, City Councils and County Councils.

There was also representation from a variety of local voluntary, charity, social enterprises and other businesses. This included the Citizens Advice Bureaux, Citizens Advice Bureau, Clarion Futures, East of England Citizen Senate, Eastern Academic Health Science Network, Health Watch, Hunts Forum, Insight Healthcare, Lifecraft, Turtledove, University of Cambridge, local housing developers, and GPs.

This kind of shared decision making was a new experience for many delegates and whilst some found it challenging, many said they “really enjoyed the process”, that “people contributed well” and “the community researchers did a great and very professional job”

“We really enjoyed the process, it was not obvious where we were going to which helped to keep it ‘live’ and making sure we weren’t just going into the same mental ruts, but that we were actually effortfully thinking about the problems rather than just rubber stamping the solutions that we’ve used previously”. Delegate at PA Stakeholder Event

“People’s experiences reflect with what is being said in other community engagement”
Delegate at PA Stakeholder Event

The “Participatory Appraisal research was really valuable work to have been done I’m keen to learn about it in more detail and exactly what people wanted to achieve”.
Delegate at PA Stakeholder Event



Ideas taken forward

Health Support

Key theme: Health Support

Idea suggested by research participants: Early intervention youth health drop in services in GP and community

Stakeholder event delegates actions and next steps:

The group wanted to do more background research to better understand the needs and evidence base for ideas suggested by research participants. They planned to look at what has worked in other areas. They were also keen to do further research with young people and local youth groups to further explore what they need, how they think services could be designed and how it would balance with other health priorities.

The actions from this group included taking the learning to feed into the children's commissioning board to support their appraisal of the Northstowe youth population; Public Health commissioning,



Ideas taken forward

Mental Health

Key theme: Mental Health

Idea suggested by research participants: Set up peer support mental health drop in groups

Stakeholder event delegates actions and next steps:

The group felt it was useful to have a mix of people, from commissioners to providers. They began with a managerial perspective, but were very self reflective and stepped back from this, consciously thinking about it from a community perspective. Learning from best practice was a key aspect of discussions. This included sharing learning from the Life Craft service model, which includes people with lived experience.

They planned to get in contact with the Local Authority and contact mental health commissioners so work could be done collaboratively. Actions also included sharing research insights with other service user groups and exploring the delivery of IAPT services in the local area.



Ideas taken forward

Community Spaces and Accessibility

Key theme: Community Spaces and Accessibility

Idea suggested by research participants: Promote cultural change to more healthy lifestyles and develop an environment where people don't feel stigmatised

Stakeholder event delegates actions and next steps:

This group wanted to ensure this idea is promoted from the beginning of a person's experience of living in Northstowe; that ways should be developed to have conversations with people when they first think about living in Northstowe so they understand what the community ethos is. This could be done by community champions that knock on a door to welcome people and tell them about local activities and regular community fairs to promote local groups. The group were also keen to contact organisations such as Good Neighbours and Good Gym schemes that could help and move this forward.



Ideas taken forward

Information

Key theme: Information

Idea suggested by research participants: Work with the community to create paper and digital information about local activities, health provision, legal and benefits advice, nutrition and exercise and holistic general health advice

Stakeholder event delegates actions and next steps:

The group said they wanted to link up with Granta (another local community) to learn about how their wellbeing hub disseminates information. They focussed on digital media and want to update and develop the Northstowe website, provide links from Citizen's Advice Bureau (CAB) website and promote the CAB at GP surgeries.



Ideas taken forward

Activities

Key theme: Activities

Idea suggested by research participants: Lots of different activities for people to participate in, some for specific groups (e.g. older people, young people, children) and others that bring different groups together (helping to promote community integration)

Stakeholder event delegates actions and next steps:

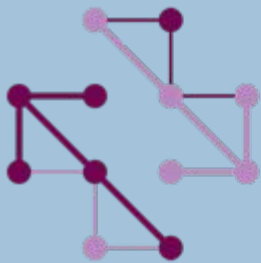
Aware that they didn't want to 'jump into' creating new activities, this group were keen to better understand what local people want. They wanted to create a forum to allow people to contact each other to plan what is needed, which would enable them to promote and set up activities. A possible idea was to create a central body to support funding, insurance, incubation of ideas. A priority was the inclusion of members of the community to advise and ensure that all groups are included. They were also keen to look at informal spaces for activities that can support people to get together and know their neighbours, such as coffee mornings.





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Citizens'
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