

## ANALYSIS OF ONLINE CONSULTATION

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### 1. Demographic characteristics of online consultation respondents

There were 165 responses to the online consultation. 82.4% of respondents agreed to share their personal demographic information.

#### *Age*

Of the respondents that answered the question about age (156), 17.0% were aged 55-59 (see Table 1 below). When compared to the population estimates for Lewisham as a whole, it appears that the views of young people (0-24) are under-represented in the online consultation. Conversely, the views of people aged 45 to 74 are over-represented in the online consultation.

*Table 1. Age breakdown of online consultation respondents and 2017 Lewisham population*

Age	Percentage of consultation respondents	Percentage of Lewisham population <sup>1</sup>
Under 18	0%	22.7%
18-24	0.6%	8.2%
25-29	3.0%	9.4%
30-34	6.0%	10.2%
35-39	8.5%	9.8%
40-44	7.9%	7.8%
45-49	9.7%	7.1%
50-54	10.3%	6.5%
55-59	17.0%	5.2%
60-64	9.7%	3.7%
65-69	13.9%	2.8%
70-74	6.1%	2.2%
75-79	1.9%	1.7%

<sup>1</sup> Office for National Statistics (ONS) 2017 mid-year population estimate.

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

<b>80-84</b>	0%	1.3%
<b>85+</b>	0%	1.3%

### Gender

Of the respondents that answered the question about gender (147), 80.3% were female. In 2017, it is estimated that just over half (50.7%) of Lewisham's population of 301,300 are female<sup>2</sup> so the views of Lewisham males are under-represented in the online consultation responses.

### Disability

Of the respondents that answered the question about disability (144), 21.5% considered themselves to be a disabled person. The online responses are therefore broadly representative of the Lewisham population in terms of disability: the 2011 Census asked about long-term health problems and disabilities and found that in Lewisham, 14.4% of the population reported that they were living with a long-term health condition that limited their day-to-day activities: 7.1% reported that they were limited a lot and 7.3% reported that they were limited a little.<sup>3</sup>

Of those respondents who considered themselves to be a disabled person (38), the most common disability type was 'longstanding illness or health condition' (see Table 2 below).

*Table 2. Disability type amongst those respondents who consider themselves to be a disabled person*

<b>Disability type</b>	
<b>Physical or mobility related</b>	15.8%
<b>Visual or hearing related</b>	7.9%
<b>Mental health condition</b>	13.2%
<b>Cognitive or learning disability</b>	7.9%
<b>Longstanding illness or health condition</b>	23.7%
<b>Other</b>	21.1%

13 respondents identified access requirements.

### Ethnicity

Of the respondents that answered the question about ethnicity (155), 83.9% were White (see Table 3 below). The Greater London Authority (GLA) estimated that 53.5% of the Lewisham population are White, 27.2% are Black, 9.3% are Asian and 10.0% are Mixed or Other ethnic groups.<sup>4</sup> This means that the views of White people are over-represented in the online consultation, and the views of all other ethnic groups are under-represented.

*Table 3. Ethnic group breakdown of online consultation respondents*

<b>Broad ethnic group</b>	<b>Percentage of consultation respondents</b>
<b>White</b>	83.9%
<b>Black African, Black Caribbean, Black British or any other Black background</b>	8.4%
<b>Asian or Asian British</b>	3.9%
<b>Mixed or multiple ethnic groups</b>	2.6%
<b>Other</b>	1.3%

<sup>2</sup> Office for National Statistics (ONS) 2017 mid-year population estimates.

<sup>3</sup> Table KS301UK. 2011 Census: Health and provision of unpaid care, local authorities in the United Kingdom.

<sup>4</sup> GLA 2016 Ethnicity Projections Central Trend Based.

### *Pregnancy and maternity*

Of the respondents that answered the question about pregnancy/maternity (152), 2.6% were currently pregnant and 2.6% had been pregnant in the last six months. We do not have a reliable comparator data source for this protected characteristic at local authority level.

### *Religion/belief*

Of the respondents that answered the question about religion/belief (135), 51.1% stated that they had no religious belief and 40.7% were Christian. Responses for each of the other religions stated (Buddhism, Hinduism, Judaism, Islam or Sikhism) were under 2.5%. Comparison with the Annual Population Survey estimates for the population by religion in Lewisham suggests that views of people with no religion are over-represented in the online survey and that the views of people from all religions are under-represented. The Annual Population Survey estimates that in 2017, 54.3% are Christian, 35.6% are no religion, 4.1% are Muslim, 3.2% are Hindu; and 2.7% are any other religion.<sup>5</sup>

### *Sexual orientation*

Of the respondents that answered the question about sexual orientation (133), 94.0% were straight or heterosexual, 3.8% were gay or lesbian, and 2.3% were bisexual. We do not have a reliable comparator data source for this protected characteristic at local authority level, however the Annual Population Survey has released experimental statistics on sexual identity at a local authority level, using estimates based on a survey.<sup>6</sup> In Lewisham, it is estimated that 89.0% of the adult population identify themselves as heterosexual or straight; 2.5% identify themselves as lesbian, gay or bisexual; and 8.5% don't know, refuse to answer or identify themselves as other (i.e. neither heterosexual/straight, lesbian, gay or bisexual). According to this data, responses to the online consultation are broadly representative of the Lewisham population in terms of sexual orientation.

### *Gender reassignment*

Of the respondents that answered the question about gender reassignment (132), 99.2% were the same gender that they were at birth. We do not have a reliable comparator data source for this protected characteristic at local authority level.

Owing to the small sample size of the resident respondents to the online consultation and the representation of those with protected characteristics in the sample as described above, the consultation results outlined below should be interpreted with caution since they may not be representative of all resident viewpoints within the borough.

## **2. Consultation responses by service area: Neighbourhood Community Development Partnerships (NCDPs)**

Please note that all percentages below refer to only those who have answered each question, and do not include those who did not answer.

130 people responded to the section regarding NCDPs however such a small proportion were from those responding in a professional capacity, the results of personal and professional responses have been combined.

### **a. Quantitative analysis**

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<sup>5</sup> Greater London Authority (GLA) Population by Religion, Borough <https://data.london.gov.uk/dataset/percentage-population-religion-borough>. Data from ONS Annual Population Survey.

<sup>6</sup> This means they are subject to sampling variability. This is because the sample selected is only one of a large number of possible samples that could have been drawn from the population.

## All Responses<sup>7</sup>

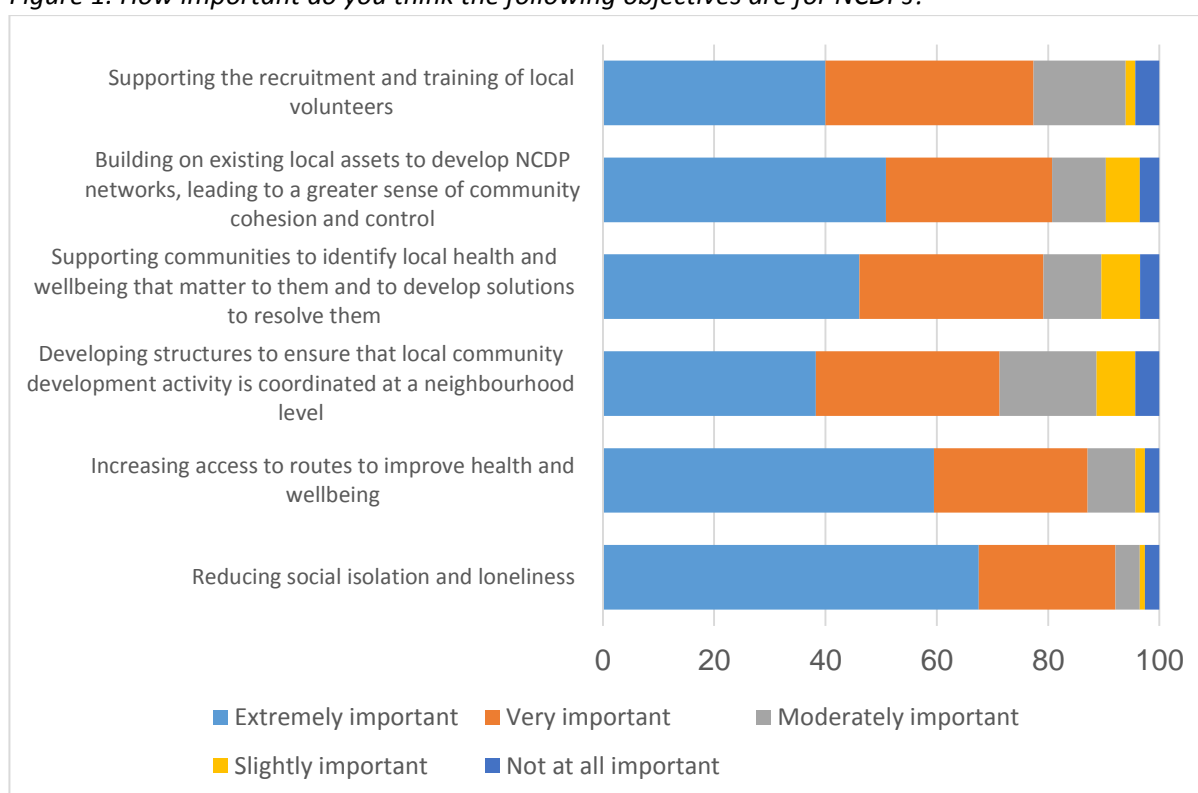
10.3% of responses were from people who are currently using services funded by the NCDPs; 11.3% of responses were from people who had previously used services funded by the NCDPs.

Public health professionals were most frequently stated as best placed to understand health and wellbeing priorities at a neighbourhood level, followed by members of the four NCDPs:

- 31.1% of respondents thought Public Health professionals
- 28.6 % of respondents thought members of the four NCDPs
- 17.6% of respondents thought other local voluntary and community sector groups
- 4.2% of respondents thought Local Assemblies
- 16.8% of respondents thought it was something other than the options suggested
- 1.7% of respondents thought Local Councillors

Respondents also rated how important they thought the NCDP's six objectives were (Figure 1).

Figure 1. How important do you think the following objectives are for NCDPs?



'Reducing Social isolation and loneliness' (92.1%) and 'Increasing access to routes to improve health and wellbeing' (87.1%) were the two objectives which received the highest numbers of responses stating they were either Extremely or Very important.

Respondents were also asked questions about funding. 72.7% of respondents agreed to some extent that funding should be maintained for individuals and groups most in need (i.e. target the reduction at those less in need) (Figure 2); 32.1% of respondents agreed to some extent that the grant reduction should be distributed equally between the four NCDPs (see Figure 3).

Figure 2. How far do you agree we should maintain funding for individuals and groups most in need (i.e. target the reduction at those less in need)?

<sup>7</sup> Whilst respondents were asked to identify whether they were answering the consultation in a personal or professional capacity, for NCDP questions the professional response was so low it is not possible to analyse this separately

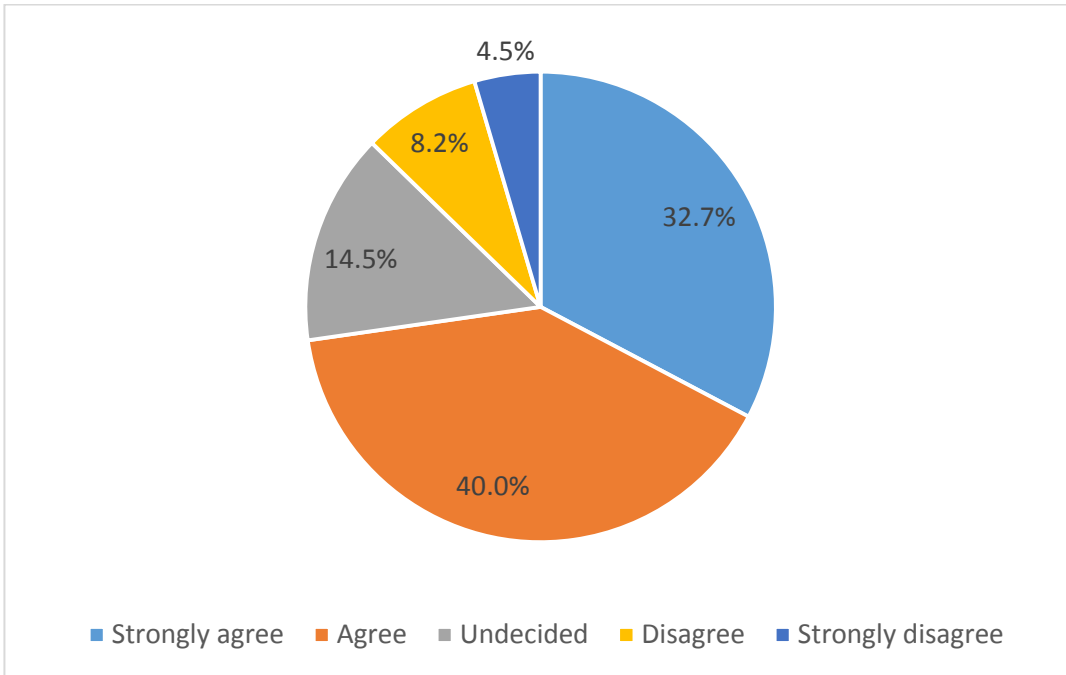
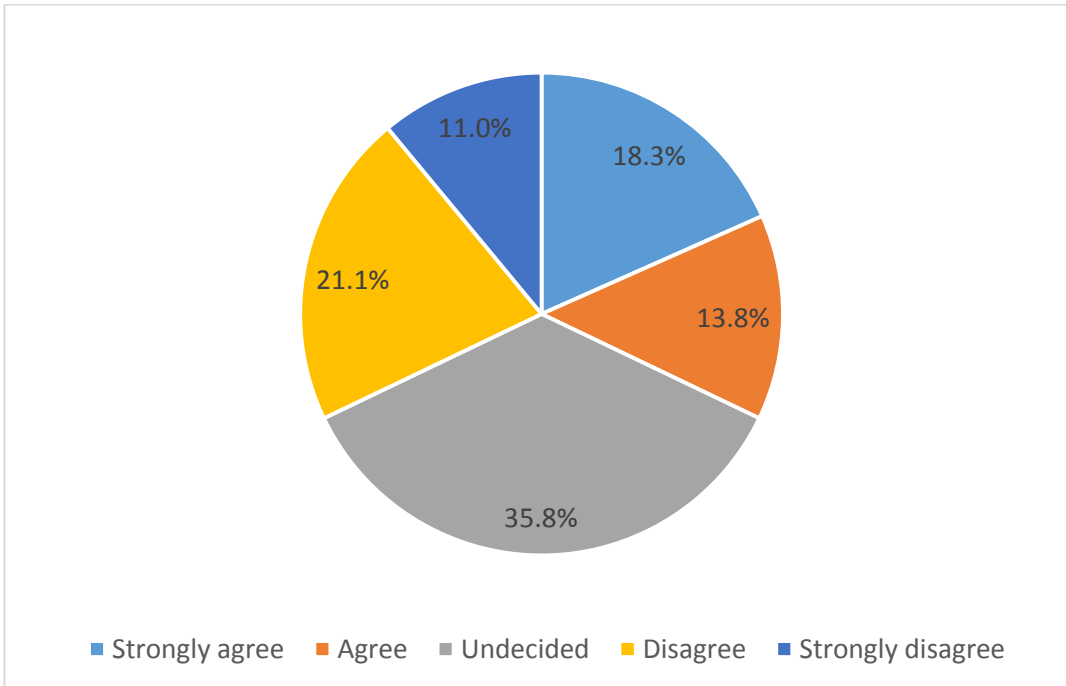


Figure 3. How far do you agree we should distribute the grant reduction equally between the four NCDPs?



**a. Analysis of free text comments**

Free text comments to 'Do you have any other ideas about we could deliver this service differently in order to achieve the same reduction in funding?':

- Greater use of the voluntary sector, including people and facilities
- Reducing administrative costs by managing more aspects centrally than across the four neighbourhoods
- Focusing on the more deprived areas of the borough

Free text comments to any other comments section:

Focused on opposition to any reduction in funding related to health services.

### 3. Consultation responses by service area: Community Nutrition and Physical Activity service

Please note that all percentages below refer to only those who have answered each question, and do not include those who did not answer.

142 people responded to section on the Community Nutrition and Physical Activity service. 83.1% of people responded in a personal capacity and 16.9% of people responded in a professional capacity. However not all respondents gave answers to all questions and for some areas the response from those answering in a professional capacity was so low it may have been possible to identify the individual, therefore the results have again been combined.

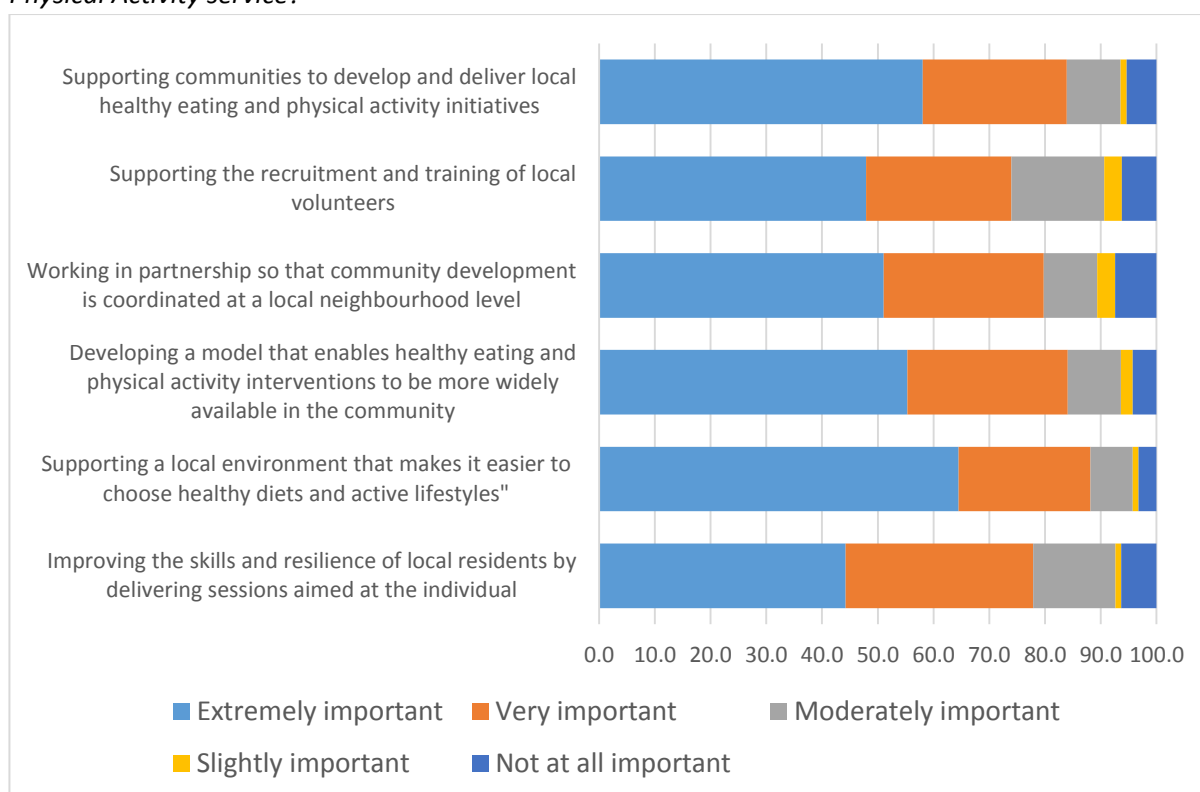
#### a. Quantitative analysis

##### All responses

33.9% of responses were from people who are currently using the Community Nutrition and Physical Activity service; 11.0% of responses were from people who had previously used the Community Nutrition and Physical Activity service.

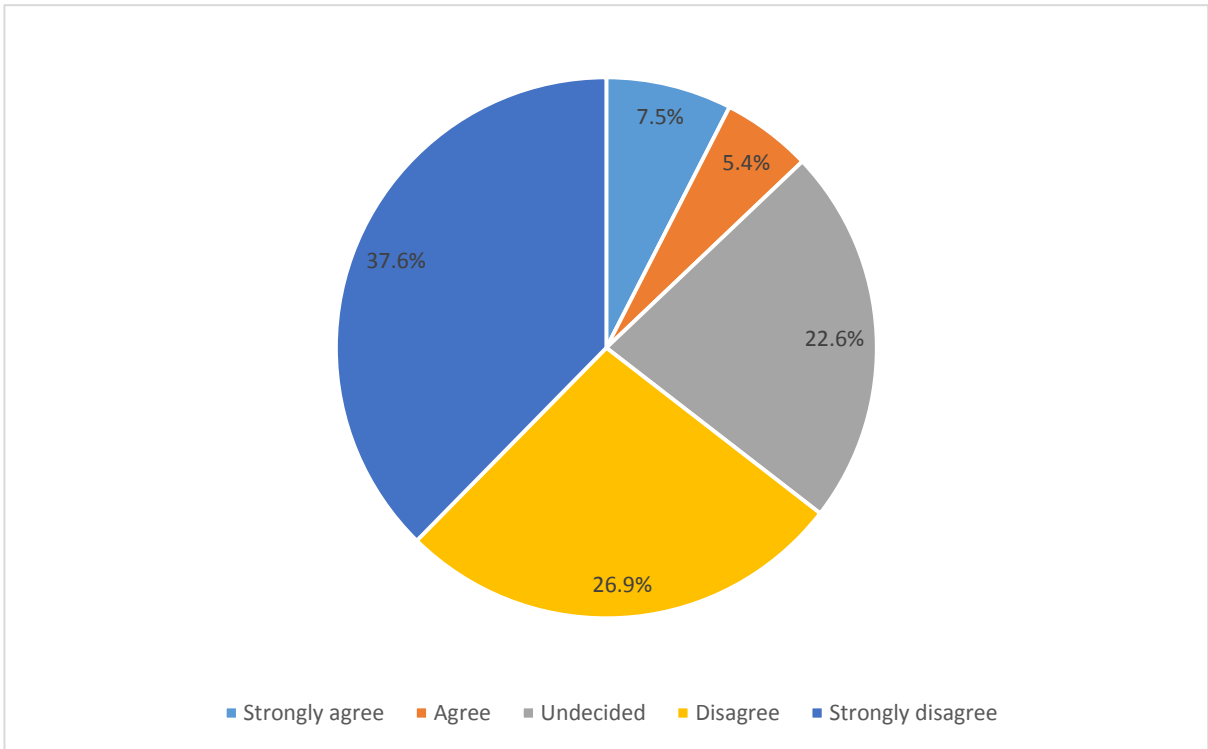
Respondents rated how important they thought a list of six objectives were for the Community Nutrition and Physical Activity service (see Figure 4).

Figure 4. How important do you think each of the following objectives are for the Community Nutrition and Physical Activity service?



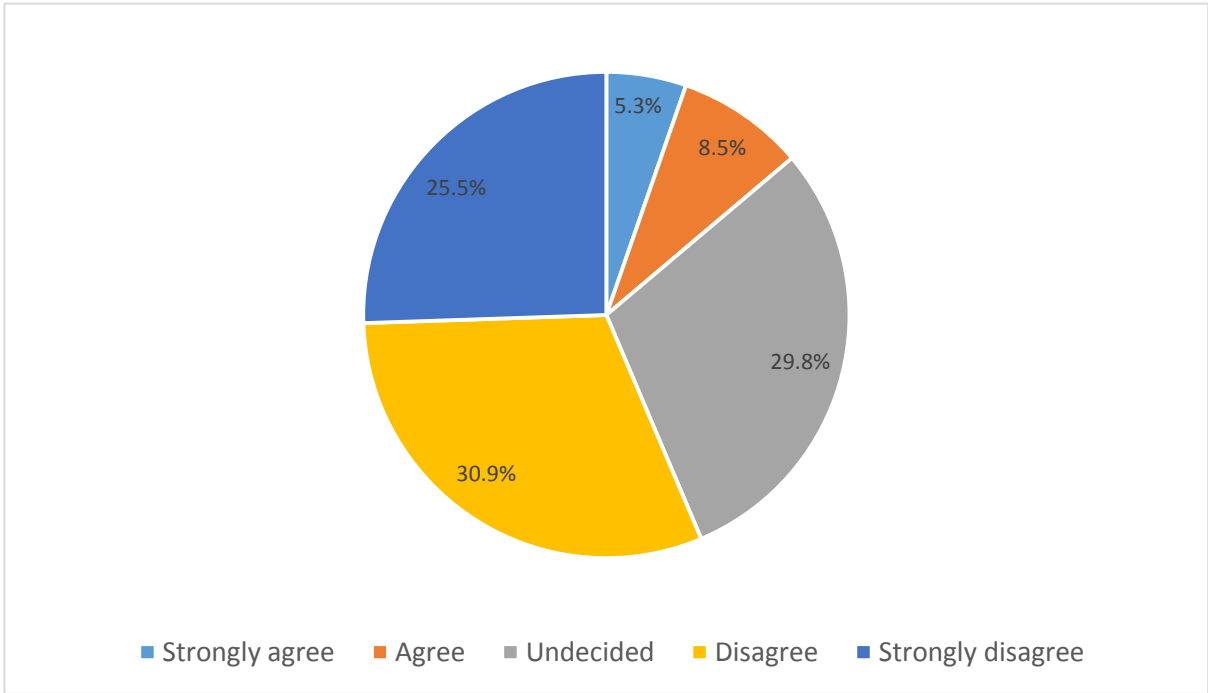
‘Supporting a local environment that makes it easier to choose healthy diets and active lifestyles’ was seen as Extremely or Very important by 88.2% of respondents to the question, followed by ‘Developing a model that enables healthy eating and physical activity interventions to be more widely available in the community’ (84.0%).

Figure 5. How far do you agree we should make cuts by reducing services aimed at the community?



64.5% of respondents disagreed to some extent that the cuts should be made by reducing services aimed at the community; 56.4% of respondents disagreed to some extent that cuts should be made by reducing services aimed at the individual (see Figure 5).

Figure 6. How far do you agree we should make cuts by reducing services aimed at the individual?



**b. Analysis of free text comments**

Respondents were asked if they have any other ideas about how we could deliver a Community Nutrition and Physical Activity Service differently in order to achieve the same reduction in funding. Comments are summarised below:

- Develop community projects run by volunteers
- Link with other services – increase joint working with supermarkets to support healthier choices
- Explore fundraising/charge small amount to access services
- Increase council tax and reduce chief officer salaries
- Concentrate interventions on the youngest in society (aged 12-20) through youth groups to maximise long term benefits
- Promote programme via churches and other places of worship to set up groups using volunteers from their own community
- Reduce outsourcing of services to private corporations
- Share knowledge and resources with partners to reduce running costs

The section finished by asking if there were any further comments:

- Don't cut funding to the healthy walks programme as benefits to mind and body are considerable
- Those who are too intimidated to join gyms or similar engage in this service
- Ease of access to unhealthy food and drink options needs to be addressed by local authority – fast food outlets are more likely to be situated in poorer estates
- Those who make the budget decisions should join in the activities to realise just how important this is to those are benefiting
- External review of Health Eating cookery club to assess impact against local health priorities
- Benefits of Nordic Walking programme outweigh the costs, which are minimal

#### **4. Consultation responses by service area: Substance misuse services**

Please note that all percentages below refer to only those who have answered each question, and do not include those who did not answer.

108 people responded to questions about the Substance Misuse Services. 77.8% of people responded in a personal capacity and 22.2% of people responded in a professional capacity.

##### **a. Quantitative analysis**

###### **Personal responses**

5.6% of personal responses were from people who are either currently using the service, have previously used the substance misuse services or have a family member that has used the service; 94.4% of personal responses were from Lewisham residents/members of the public.

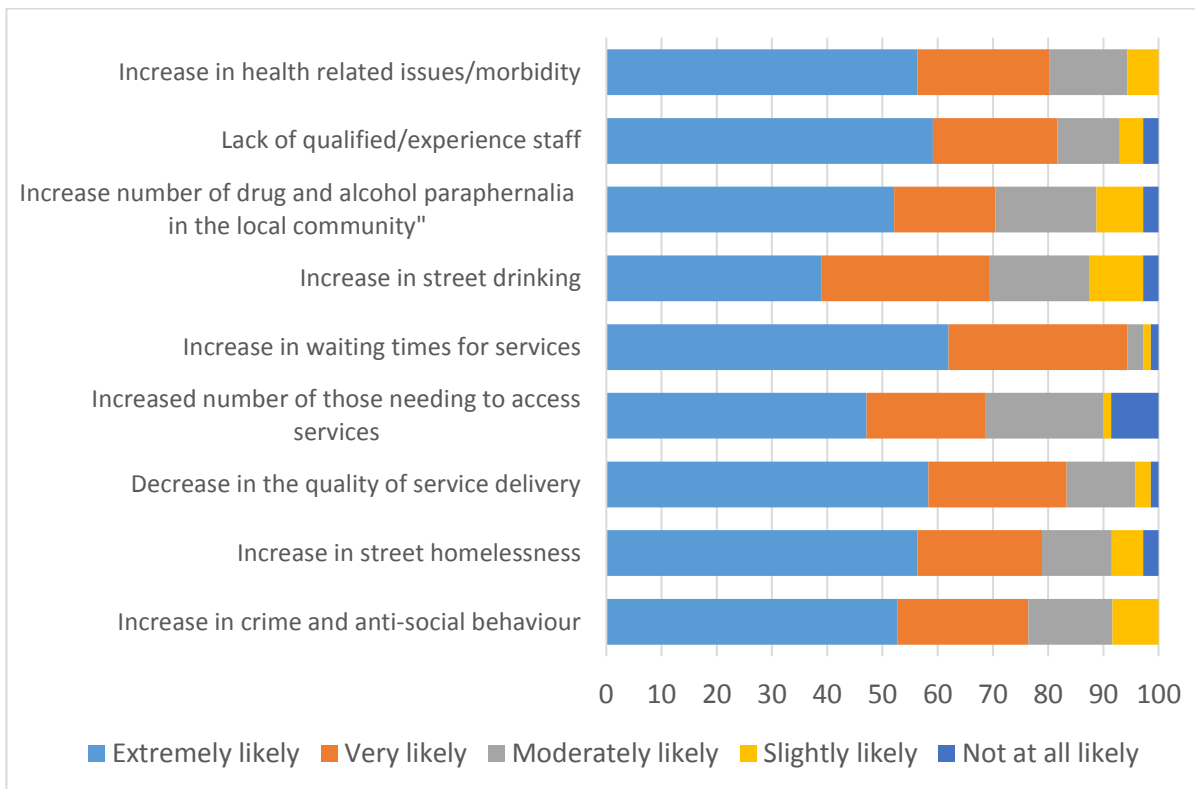
Due to the small number of responses from current or previous service users/family members it is not possible to report these findings without potentially identifying individuals. The small number of responses received were across a wide range of views which are not possible to summarise. However a focus group has taken place with this cohort.

*Figure 7. Responses from members of the public on how likely they consider that the funding cuts will impact on<sup>8</sup>*

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<sup>8</sup> The Service User/Family Member cohort were also asked about the impact of funding cuts however the areas/issues they were asked to consider were different so responses cannot be combined.





Members of the public identified ‘Increase in waiting times for services’ as the most likely impact of the proposed funding cuts, with 94.4% stating this was extremely or very likely.

#### b. Analysis of free text comments

The vast majority of respondents (83.8%) believed the proposed cuts **would** affect particular individuals more than others. When asked to expand on this the below comments summarise respondents’ views:

- Poorest and the most vulnerable (substance misusers/elderly/homeless/mentally ill) in society will be hit the hardest.
- Those with long term addictions will feel it the most
- Those who have accessed the service previously may be more aware of the changes
- Those seeking help will be discouraged
- Negative impact on families, staff providing services, support of those with addiction problems
- BME groups affected more – those marginalised are more likely to need the services

Members of the public were also asked ‘Do you have any other ideas about how we could deliver this service differently in order to achieve the same reduction in funding?’ Suggestions from the public included:

- Providing more online services and/or group sessions to save money.
- Asking sellers of alcohol to contribute to services,
- Getting charities, the voluntary sector and previous service users more involved
- Better co-ordination/collaboration with mental health and other healthcare services such as GPs.
- Charities / volunteering -Create 'champions' (former users -now 'clean')
- A mobile service /group sessions
- Get rid of NCDPs and Community Nutrition and Physical Activity services
- Put the funding back into NHS services.
- Educating children at school – substance misuse
- Link in with other sectors to provide things like apprenticeships for people who are moving towards long-term recovery

Any further comments:

The majority thought that cutting funding would lead to short and long-term complications impacting on their physical, mental and social well-being.

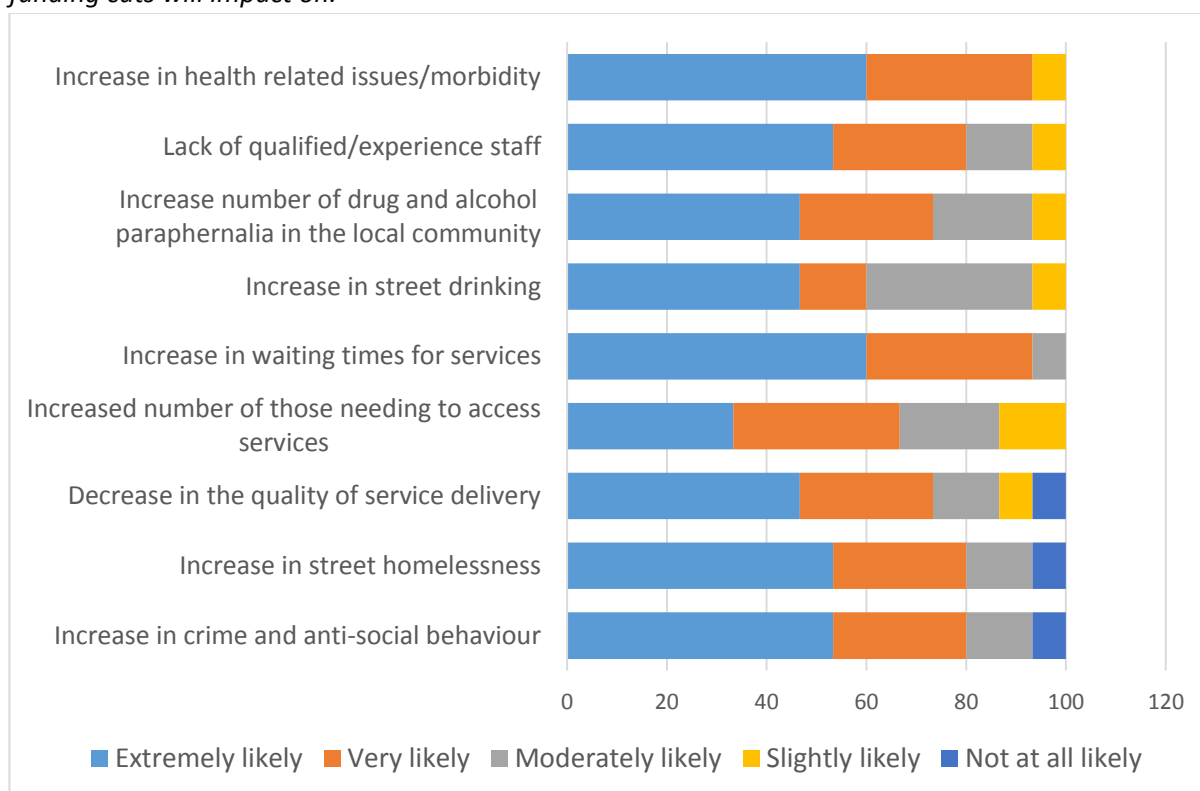
Constructive criticisms on how to cope with the potential reduced funding include:

- More learning from and co-production with community as recommended by NHS England and Kings Fund.
- Early intervention should be a critical part of this service. Schools should be trained to identify potential substance misuse.

### Professional responses

#### a. Quantitative analysis

Figure 8. Responses from those responding in a professional capacity on how likely they consider that the funding cuts will impact on:



Professionals also identified 'Increase in waiting times for services' as the most likely impact of the proposed funding cuts (93.3%) stating this was extremely or very likely. This was joint with 'Increase in health related issues/morbidity (93.3%).'.

#### b. Analysis of free text comments

97.5% of respondents felt that the proposed cuts to substance misuse services **would** affect particular individuals more than others. When asked to expand on this view the main themes were that the impact would be most felt by substance misuse staff who will be under increased pressure and stress. The most vulnerable and hardest to reach groups including sex workers and the homeless population would also be more affected and those with complex and/or mental health needs.

"Do you have any other ideas about how we could deliver this service differently in order to achieve the same reduction in funding?":

- focusing resources on areas of most need
- work within contractual agreements

- group sessions for recovering addicts
- efficient transfer between services
- Lewisham and Greenwich NHS Trust to use Queen Elizabeth Hospital's Substance Misuse Team across both their hospital sites, but it would require funding.

Any other comments:

Responses spoke against any budget cuts to this area.

**5. Consultation responses by service area: Health visiting service**

Please note that all percentages below refer to only those who have answered each question, and do not include those who did not answer.

119 people responded to questions about the Health visiting service. 83.2% of people responded in a personal capacity and 16.8% of people responded in a professional capacity.

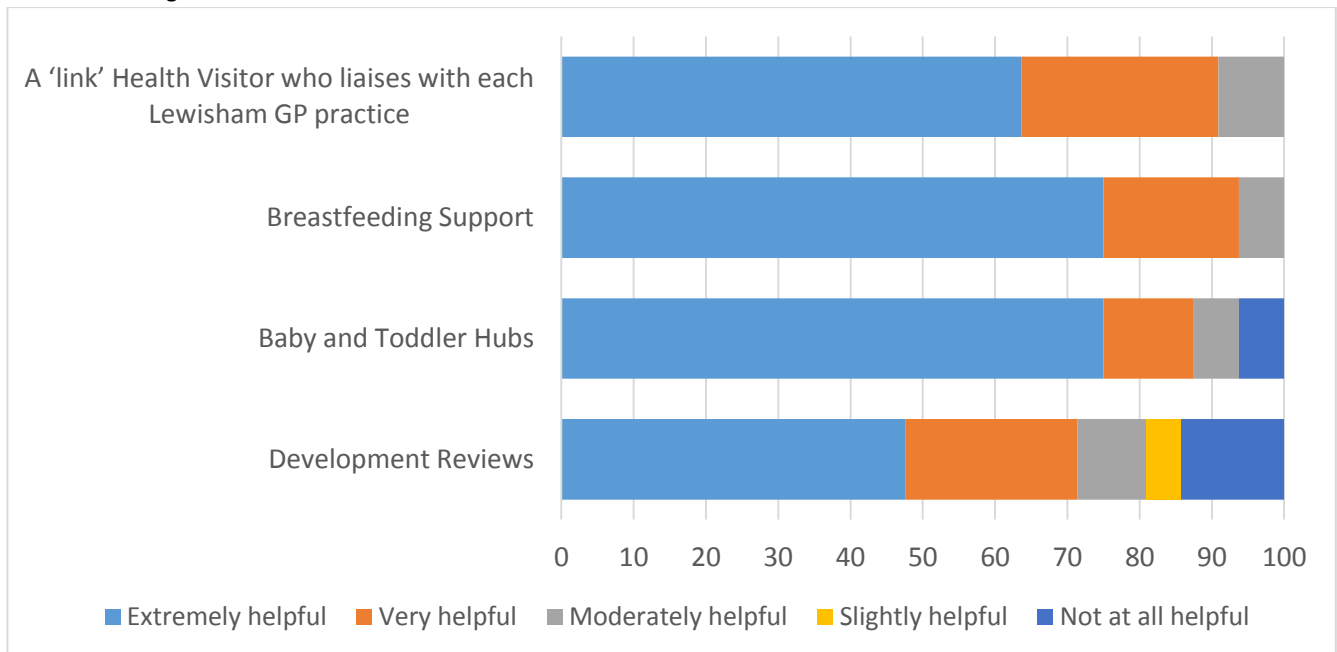
**a. Quantitative analysis**

**Personal responses**

22.2% of personal responses were from people who are currently or have previously used the service; 77.8% of personal responses were from Lewisham residents/members of the public.

**Service User Responses**

*Figure 9. How helpful did you or your family member find the different types of support offered by Lewisham’s Health Visiting service?<sup>9</sup>*



Of respondents who had used health visitor services the feedback was that they found the services helpful. Breastfeeding was seen to be the most helpful (93.8%).

Responses to both the freetext questions for this service user group were focused on concerned about the additional strain that cuts would put on the Health Visiting Service.

<sup>9</sup> Additional support offers were also included in the survey, however so few respondents had used these services it is not possible to include them

## Member of the Public Responses

This group were asked to rank what they felt were the most important outcomes for the Health Visiting service.

Table 4. Ranking of the most important outcomes for the Health Visiting service (member of the public)

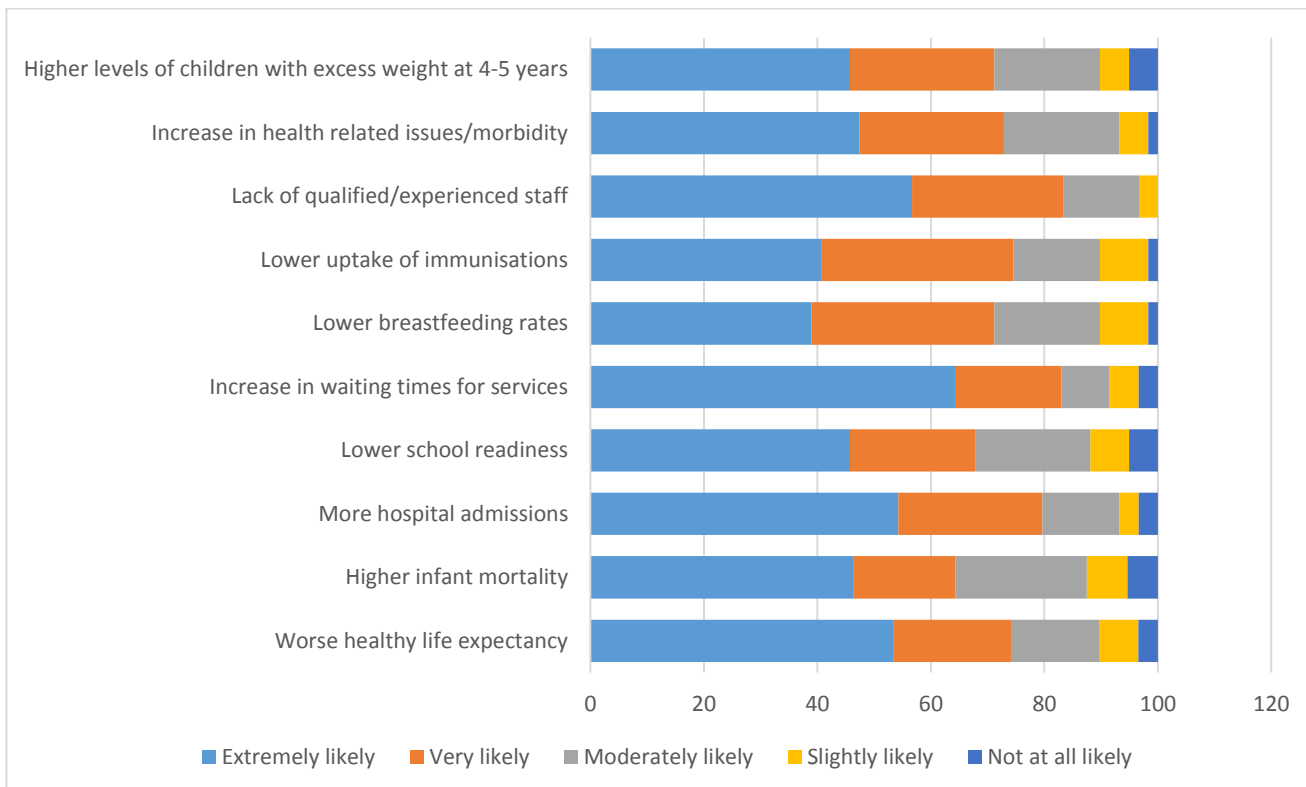
Outcome	Rank
Reducing infant mortality	1
Improving life expectancy and healthy life expectancy	2
Improving child development at 2-2.5 years	3
Reducing the number of children in poverty	4
Reducing hospital admissions caused by unintentional and deliberate injuries in children	5
Improving breastfeeding initiation	6
Increasing breastfeeding prevalence at 6-8 weeks	6
Disease prevention through screening and immunisation programmes	8
Improving population vaccination coverage	9
Reducing excess weight in 4-5 year olds	10
Reducing smoking at delivery	11
Improving school readiness	11
Reducing low birth weight of term babies	13
Reducing under 18 conceptions	14
Reducing tooth decay in children aged 5	15

'Reducing infant mortality' was ranked as the most important outcome for the health visiting service, followed by 'Improving life expectancy and healthy life expectancy'.

This group were asked if they had suggestions for what further outcomes the Health Visiting Service should be working towards. Responses were focused around:

- improving children's diets to improve obesity rates
- improving understanding of the impact of emotional abuse and neglect
- parenting skills
- maternal mental health
- signposting to other services

Figure 10. Do you think it is likely that the proposal to cut funding will affect individuals and the community in the following ways? (Members of the Public)



‘Lack of qualified/experienced staff’ and ‘Increase in waiting times for services’ were seen to be the most likely effects of the proposed funding cuts to the service, with 83.3% and 83.1% answering that these impacts were either extremely or very likely respectively.

### b. Analysis of free text comments

A freetext question also asked ‘Do you have any other ideas about we could deliver this service differently in order to achieve the same reduction in funding?’ These can be summarised as:

- Reduce number of senior managers,
- Use midwives and GPs to provide some of the services.
- Hold more community session rather than visiting all homes individually.
- Better targeting to those that most need the service.

The any further comments questions was heavily focused on concerns about the impact of the proposed cuts on families.

### Professional Responses

Professionals were also asked to rank what they felt were the most important outcomes for the Health Visiting Service. They had three joint top priorities: Improving life expectancy and healthy life expectancy, Reducing infant mortality and Improving child development at 2-2.5 years. These match the three top rankings by members of the public.

Table 5. Ranking of the most important outcomes for the Health Visiting service (responses from professionals)

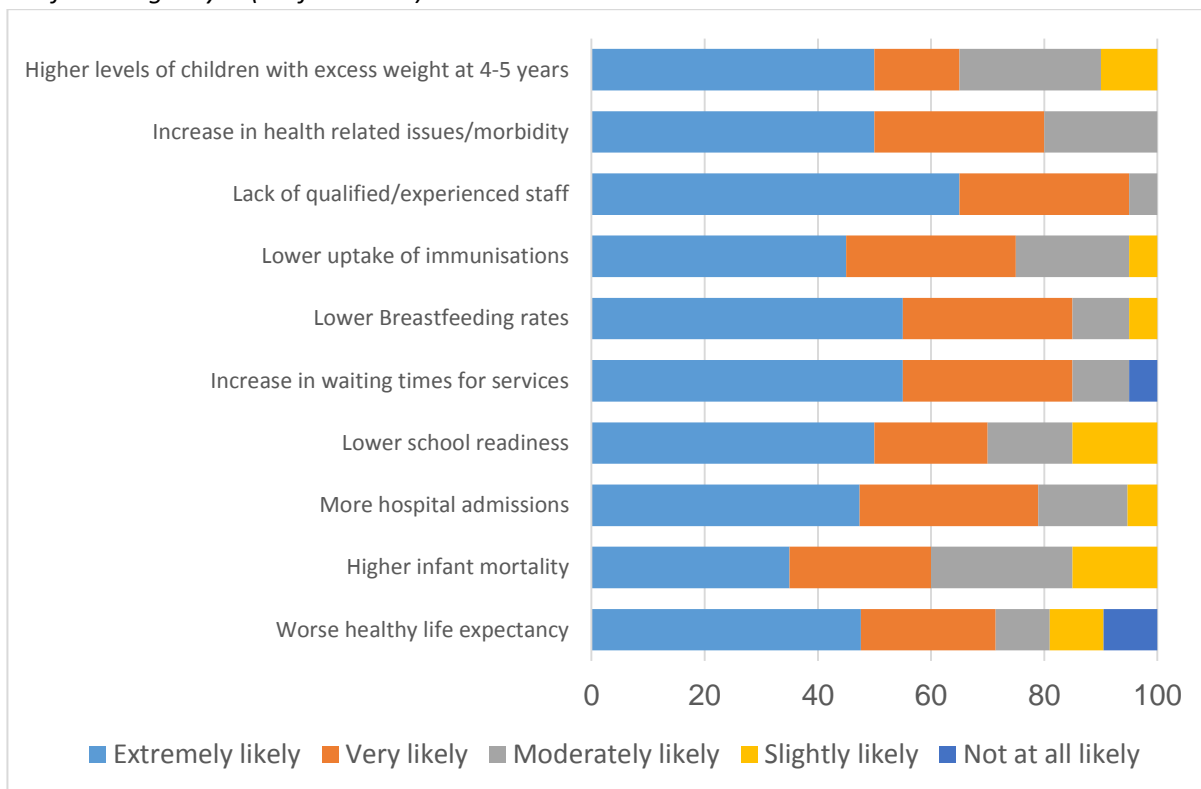
Outcome	Rank
Improving life expectancy and healthy life expectancy	1
Reducing infant mortality	1
Improving child development at 2-2.5 years	1
Reducing hospital admissions caused by unintentional and deliberate injuries in children	4
Increasing breastfeeding prevalence at 6-8 weeks	5
Reducing the number of children in poverty	6

Improving breastfeeding initiation	7
Improving school readiness	8
Improving population vaccination coverage	9
Reducing smoking at delivery	10
Disease prevention through screening and immunisation programmes	11
Reducing low birth weight of term babies	12
Reducing excess weight in 4-5 year olds	12
Reducing under 18 conceptions	14
Reducing tooth decay in children aged 5	15

When professionals were asked what other outcomes they considered the Health Visiting service should be working towards the main themes were:

- domestic violence
- reducing social isolation of new parents
- safeguarding
- perinatal mental health
- working with vulnerable groups
- reducing health inequalities

Figure 11. Do you think it is likely that the proposal to cut funding will affect individuals and the community in the following ways? (Professionals)



'Lack of qualified/experienced staff' was seen as the most likely impact of the cuts by professional respondents, as 95% stated they thought this was extremely or very likely. 85% thought breast-feeding rates would reduce and there would be an increase in waiting times.

### c. Analysis of free text comments

Professionals were also asked "Is there any way that you or your organisation can contribute in helping to alleviate the impact of this proposal?" Responses focused on:

- Closer working with community groups/facilities

- Improve working with children's centres
- Better connections between other children's services such as midwifery.

Professionals were also asked "Do you have any other ideas about we could deliver this service differently in order to achieve the same reduction in funding?" There was only a small response to this question so it is not possible to collate responses.

Any further comments:

Concerns around the impact of the cuts and requests that the council should challenge central government regarding funding reductions.