NHSEI Place Prevention Report

This report pulls together observations and learning from the NHSEI Place Prevention work in Mid-Nottinghamshire and South Nottinghamshire. It is not a formal evaluation. Regular monitoring and reporting to NHS England (formerly NHS England and Improvement, NHSEI) regarding the project key performance indicators (KPIs) and outputs has been completed separately.

"If you come in 'ere and talk t'me and nowt changes I'll smack yer round the chops!"

(Bellamy resident - community engagement).

It aims to tell the journey of the NHSEI Place Prevention work, recognising the **importance of how we work together**, our learning regarding how we could **collectively understand our communities better** and how this in turn helps us identify the most effective ways to **enable, empower and support those residents**, living in our communities with the highest levels of health inequalities, **to lead happier and healthier lives**. It has been written on behalf of the partners involved.

It is important to remind ourselves that people living in priority areas are **fed up of being "consulted" and nothing changing.** This work has been about learning **how the wider factors relating to where people live impact on health and wellbeing, and what can be done about them.** We know residents have been asked this sort of thing over and over again, yet we still don't seem to have a suitable way of collectively and consistently capturing and understanding what is being heard and then acting upon this. For this work and report, an adaptation of the Health Foundation's **"Building Blocks of Health"** has been used to create a framework to capture what has been observed in four of our communities in Nottinghamshire.

Although five areas were granted funding from NHSEI, the project in Nottingham City took a different approach, focusing on a specific demographic group – childhood immunisations and vaccinations within a population. This report focuses only on the learning from the four places in the county.

There are no surprises. Things like antisocial behaviour (ASB), poor transport networks, lack of money, no nearby health services and short-term interventions not working are not new. But it has made us think hard about how we could **collectively consider our ways of working**, our practices and the resources we all have at our disposal to **enable sustainable change.**

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Summary of the key learnings identified to inform our future ways of working

1. Ensuring community engagement is purposeful and impactful by-

- Supporting and resourcing **communities to capture and articulate their own insights and challenges.**
- Working side by side with community partners, **encouraging and empowering residents to be part of the change.**
- **Ensuring community led insight is heard, valued and actioned** across all levels of the system to shape solutions, services and the workforce needed.

2. Ensuring sustainable flexible resources and funding by-

- **Challenging unnecessary "red tape"** that constrains what could and needs to be done with funding and resources.
- **Working together to resource and co-fund community based provision** including having agreements in place to commit to on-going longer-term funding.
- **Passing the power and resources to communities to self-organise** around the issues that matter to them, not what our organisations think they should be passionate about.

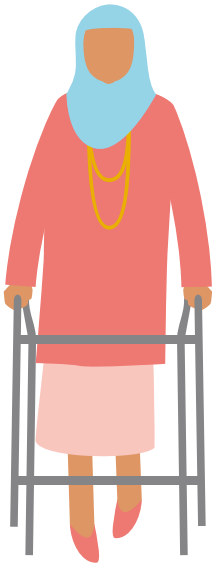
3. Developing and providing suitable spaces and places by-

- Ensuring **new developments in priority areas include quality community indoor and outdoor spaces** that are **developed in collaboration with the community.**
- Ensuring current **spaces are functioning, accessible and safe** for the community to use
- **Reviewing what services and activities are provided in community facilities** and questioning if they really meet the communities' needs.

4. Developing our culture and approach to community health by -

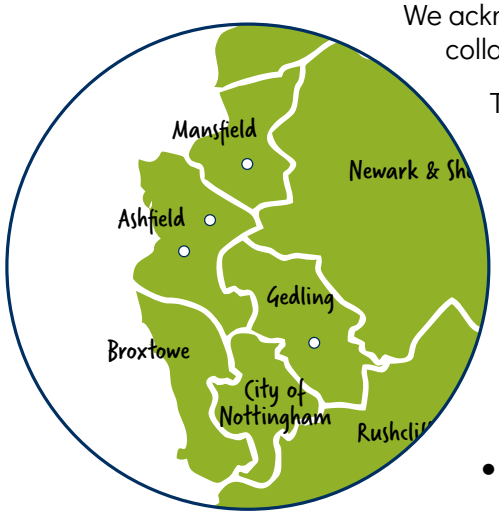
- Recognising the importance of **developing self-belief, self-worth, self-care and raising the aspirations of residents in everything we do.**
- **Taking time to build relationships and trust,** listening and understanding the values, strengths, complexities and challenges of all system partners, **working out ways to best collaborate.**
- Ensuring **community driven working practices** are in place, **delivered by a trusted and empowered workforce** to understand a problem and **co-design a solution.**
- Valuing and **building a sustainable community-based workforce**, employed for their values and strengths - recognising that skills can be taught.
- Allowing the **process of capture of community insight to be part of all front-line staff work** and ensuring it is heard by those in the system that can help create the change needed.

How it all started



In June 2021, NHS England and Improvement (NHSEI) approached Integrated Care Systems (ICS) across England with higher levels of health inequalities to express an interest in funding for a number of different types of projects. One of these was to increase the uptake of preventative services (which is the one the Nottingham and Nottinghamshire ICS chose to explore).

The three Integrated Care Partnerships (ICPs; now Place-Based Partnerships, PBPs) across Nottingham and Nottinghamshire Integrated Care System (N.B. at that time, Bassetlaw was part of South Yorkshire ICS), secured £200k of funding from NHSEI based on a proposal "To develop a model to enable us to work with communities of greatest need." The proposal was collectively developed and at the start it was acknowledged that colleagues did not want to pursue a 'service' response, building on learning from improving the uptake of the COVID vaccination.



We acknowledge that making this a reality is both complex and challenging, requiring a very different and collaborative approach.

The four places across Nottinghamshire were selected using a combination of health data and insight from key system partners such as the CVS and Lower Tier Local Authorities. The four places were considered as being areas with high health inequalities and other complexities. This indicated that further place work needed to happen in partnerships with other public, private and voluntary sector organisations to maximise resource as well as enable system change. These were:

- **Bellamy in Mansfield;**
- **Coxmoor in Kirkby-in-Ashfield;**
- **Butlers Hill and Broomhill in Hucknall (Ashfield District);**
- **Killisick in Gedling.**

The fundamental goal of the NHSEI Place Prevention work has been:

"To improve connections with residents and increase engagement with local health and wellbeing services."

Through the work we wanted to learn about the wider factors relating to where people live that impact on health and wellbeing, and identify;

- **What matters to the local community.**
- **Strengths and assets in the area that support and enable community health and wellbeing.**
- **Challenges to residents' health and wellbeing and what they think would help to address these.**

The approach in each place

Each area was granted **£33k** and given the freedom to work in a way that felt right for that particular community. Taking an approach that made the most of the readiness and strengths of partners working locally, previous initiatives with these communities and acknowledging the wider resources and support available.

• Bellamy

Mansfield Community and Voluntary Service (MCVS) led the work **on behalf of a consortium of partners** who have been working to support residents living in Bellamy for a number of years (building on initial Public Health investment to understand physical inactivity in priority communities in 2017). It was therefore decided that the foundations and conditions were in place for this investment to really support the development of community health work in the area. **Additional resource was secured** by partners and **MCVS employed two staff members** -a community development lead (3 days) and a community engagement officer (2 days) **based in the estate.** Recognising the **importance of trust in priority communities**, the engagement officer was a well-known resident living in the estate.

A well-attended **steering group of partners met regularly** to drive this work and wider community engagement forward. **Insight was gained and captured on an ongoing basis and health interventions and provision organically developed as a result of engagement with residents.** This was enabled due to the provision of **additional capacity working in the heart of a community.**

• Butlers Hill & Broomhill and Coxmoor

In both areas a similar approach was taken, led by **Ashfield Voluntary Action (AVA).** 66% of the funding was granted to AVA to **carry out community engagement with residents and stakeholders** from the two areas. The funding paid for the project staff time, giving them **capacity to spend time in the estates, attend events and activities, and build trust and rapport with residents** to better understand the impact of factors relating to where people live on health and wellbeing.

Formal interviews as well as less formal conversations were used to gather information and insight. **A small steering group met on a regular basis** to support the work in each Ashfield area. AVA also supported the development of some health-related provision with community groups like the local boxing club for Coxmoor residents. Discussions are now taking place at community network meetings giving organisations a chance to add to the insight and also collectively decide what the remaining funding is going to be used for.

• Killisick

In Killisick, **a collaborative approach** was chosen from the start. A steering group of partners was formed who decided it would be more effective if wider partners across all sectors worked collectively to deliver the outcomes of the project. **Each partner provided some of their own time to support the work** to better understand the impact living in Killisick was having on residents' health and wellbeing, they recognised that **before we can try and support residents, we need to understand more about what it is like to live in the Killisick area** and the challenges that individuals face.

Partners agreed to **work together to carry out an initial piece of community engagement** with residents and stakeholders. It was decided to use some of the budget to **employ a consultant to help develop a framework and template of questions** to ensure consistency, as well as **support with the analysis of what was being heard**. Each partner played their part, taking time to meet residents and stakeholders, listen to what was being said and bringing it back to a subgroup to capture and discuss what was being seen and heard.

It was recognised that **health interventions through this work wouldn't necessarily take place straight away**. For some of the partners this was a substantial shift, as their normal approach would be to address a health need with a specific intervention without necessarily consulting or developing the provision with the patient/residents. The remaining 66% of the budget is now being used to **collectively respond to the key themes found through the engagement.**

The Building Blocks of Health

Press Red, the insight consultants who supported the development and delivery of the work in Killisick, produced an adapted version of the Health Foundation's "Building blocks of health" to help partners have conversations with residents as well as provide a structure for capturing and making sense of what was being heard.

In the other areas, community engagement wasn't planned around the building blocks, but through discussions at steering groups and community network meetings it became apparent that conversations were naturally and organically focusing on these five key areas.

To test and check if this was the case, a template was developed and the lead partner for each area asked to write down and capture what they thought they had heard against each of the blocks using questions Press Red had developed to help them.

All partners reported that the framework worked, it was logical, and was something that we could use to capture ongoing lived experience.

Click on each of the blocks to see more of what we learned in each of the key areas.

(How to talk about the building blocks of good health - Adapted from The Health Foundation and Frameworks, July 2022)

What we heard

This work has taken us to places where we know there are challenges to health and wellbeing. We know there are many strengths in these communities and the people within them. We heard about some great things that are happening and know that services and provisions are doing their best within the constraints of current resources, time and capacity. However, by looking for common themes across what was heard and observed, it has highlighted what is preventing residents from leading healthier lives. There were many similarities in what residents and stakeholders were telling us across all areas, with a few important differences.

Considerations for change the building blocks has given us:

1. Build on what is strong

- Identify and empower the great people in our communities who want to make a difference.
- Work better with where trust already lies (e.g. local food clubs, primary schools, children's centres and VCS provision) to continue to understand residents needs on an ongoing basis and help them support residents in the best way possible.

2. Create safe, fit-for-purpose places and spaces for things to happen in

- Work together to make available, accessible indoor community spaces in priority areas.
- Create a sense of community pride so spaces are looked after.

3. Help people feel connected and listened to

- Support people to have self-belief and self-confidence to get involved in community activities.
- Ensure community activities are the right ones, in the right place delivered by the right people and organisations.
- Work with the community to make the estates feel safer to get around and better understand the root causes of antisocial behaviour and the options to address them.

4. Identify and maintain the right workforce

- Reconsider the skills and abilities we are looking for when we recruit people to work in our priority places, placing more value on the skills required to build trust, being able to communicate in plain English and being a good listener.
- Share the resource of our respective workforces to work better together and to work "outside the box".
- Give our workforce the time to really build relationships and stay put in a place for a meaningful length of time.
- Move away from short term staffing contracts.

5. Help residents to access the right support for their wider health needs

- Provide simple, local access, the right advice and help with benefits, housing, work and healthcare.
- Work together to ensure the services and provision happening locally derives from listening to residents and what they need rather than what service providers think is needed.
- Co produce and deliver provision collaboratively.
- Provide easily accessible support with community transport to help people access services.

What feels strong and what we learnt about working in this way

Giving each area the freedom to do what was right for them has worked well and demonstrated a level of trust in partnership working. It has been evidenced through the work that **where trusted, hyperlocal community organisations and individuals have been part of the work there has been more of an impact**, this is particularly the case where a **collaboration of multiple partners** has worked together and **taken the time to learn how to work together.**

Gaining insight and building trust and relationships has started to empower residents and community organisations to make small changes which can be built on in the future. (See example 1 in the Appendix)

It is interesting to reflect upon **how we have worked together.** This work was started with a belief that: **"All partners are committed to tackling health inequalities in a sustainable way in order to achieve better population health and better quality of care. By encouraging the shift to prevention…"** This implies a need to work differently together, and to create a move towards prevention, but how we do this is the key to successful outcomes. So what does it look like when we get collaboration and integrated working right? Partners involved in the work from health, local authority and community organisations all **gave varying levels of time, resource and in some cases funding to support the work.** But collaboration is more than this: it is **developing feelings of trust, being honest, reliable, accountable and consistent, working through the problems and challenges together as one team.** To do this we need to allow time for relationships, understanding and ways of working together to evolve, creating tangible outcomes together that we can learn from to start to create change. (See example 2 in the Appendix)

People have really valued being asked what they think, see, hear and feel about living and working in a particular area. We have started to regularly ask at community network meetings for an update on what people are seeing and hearing regarding the building blocks and it is starting to feel like it's a **good way to keep the conversation going.** We're recording what is being heard as we try to **develop a way to share it across system partners** so the insight can help shape how we might work in the future.

Conversations with community partners, service delivery staff and residents have told us that they are fed up of "nothing really changing", of "too much red tape to make things happen", "no one listening to them" and that "it has been like that for years". The individuals in decision making roles in our systems don't want this to be the case either.

So why is it so hard to change?

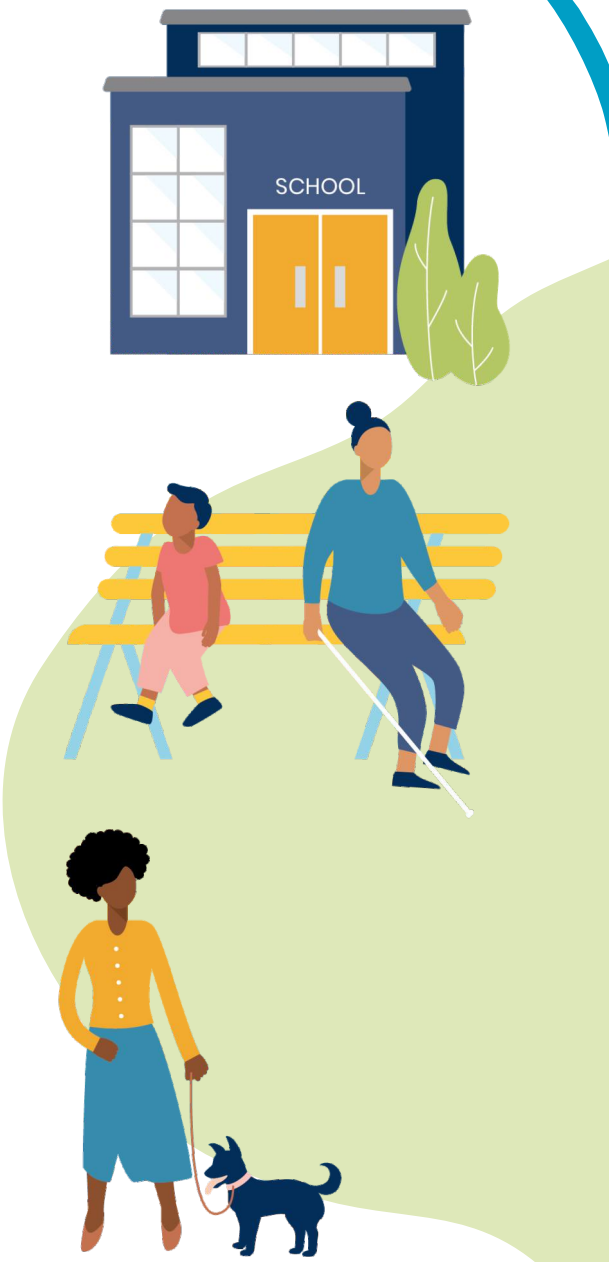
To work effectively together to understand the needs of our residents and bring about positive change, **partners need to be clear** what each other brings or could potentially bring to the work (funding, resources, staffing, expertise, etc.) and what benefit they will gain from being involved. It is important to have clear roles, being prepared to step in and lead when needed but also being comfortable with needing and asking for help... **"Don't spend any more – spend it differently"** (quote from Mansfield Community partner). We know there are resources and funding in the system to support community health-based work, however there is a lack of clarity and understanding of how funding is allocated and commissioning works. At times there is a sense that constraints are being put on statutory sector staff that stops them from doing what is right for local people. But working well together **takes time**, time to build and time to make happen that for many of us our current working practices (and expectations) don't allow.

The initial project brief, timings and funding constraints did not allow for this to happen. However, in Killisick, partners felt strongly they should **take the time to build a working group to collective deliver this programme.** This was initially hard for some NHS colleagues to understand; this was very different to the usual NHS culture of a target being set and the perceived need to get on and deliver, so some colleagues struggled with the concept of spending time to build relationships first.

Through this work, across the four areas, there perhaps hasn't been the engagement in terms of health interventions anticipated, however partners have all identified we need to work better together in priority communities if we truly **"are committed to tackling health inequalities in a sustainable way."** And if we do this, the changes in health outcomes will follow.

A key challenge that has played out through this work is that **our systems are vast and ever changing**. Understanding how local authorities and health systems work and are funded, to anyone sitting outside of them, can seem like a massive jigsaw puzzle of different parts, departments and services. In addition, it often **feels ever changing** in terms of staffing, structures, job roles, budgets and guidance regarding what can and can't be done.

Creating change not only in place and in communities but also across systems relies on the right reliable workforce and working relationships. Within our own organisational cultures and ways of working we need to embed priorities and commitments into policies and practices to try to reduce the impact a changing workforce is having in our priority areas.



So what could we do about it?

"Tain't what you do it's the way that you do it.. that gets results!" (Bananarama)

Communities have told us for several years that **short term projects and services don't work for them** and that services and provisions have at times been unreliable, saying they will do things and then not.

So why do we keep allowing this to happen?

We have some amazing, caring and creative people in our organisations and some real strengths in our communities with real potential, so we now need to work together to enable the change.

This table tries to show where we might currently be regarding some of our ways of working and where we **could consider trying to move to**. The NHSEI Place Prevention work has started to demonstrate some of the "Emerging" - not across all areas and by no means is it perfect - but the ambition to carry on working together in a different way has been started.

Historic	Emerging
Silo working	Building networks, relationships and trust
Partnerships	Collaborative (working things through together- co funding, co-ownership and collective accountability)
Short term interventions and projects	Ongoing programmes learning and adapting as we go
Community consultation	Impactful empowering community engagement
General data and thinking we know	Really taking time to understand people and place on an ongoing basis
Doing to	Doing with and empowering communities
Leading and managing	Enabling and facilitating
Focused on activity and outputs	Focused on learning together and wider health outcomes
Time defined	Open ended
Being told what to do	Working out was is needed together
Formal Gantt charts, project plans and action plans	Organic and responsive
Sitting behind a desk	Getting out and about

The power of impactful community engagement

Through this programme we have put the **voice of those with lived experience at the heart of the work, trying to ensure it is being listened to** and heard. However, what is most important is **that those with lived experience are empowered to help and enable the change needed for themselves and their communities.**

We are all aware that any programme, service or project that is effectively designed, developed and delivered in partnership with local people and community groups is more likely to be successful than one that isn't. This is because **real people have been involved in the whole journey** and the outcomes reflect what is really wanted and needed. It is the difference between doing to and truly doing with our communities. Participation leads to motivation and encourages ownership - **the better your community engagement, the more impactful the results.** (Not another consultation!: Local Government Improvement and Development's Healthy Communities programme)

Impactful community engagement doesn't have to be complicated. It's about conversations, really listening and **continually working with people to understand their lives and their needs**. It's about building on the strengths within a community. **Finding, engaging, empowering and upskilling individuals and community organisations,** to **cause change through the process of engagement,** and enabling them to see how their involvement is making a difference.

Engagement should not be seen as just an addition to our work. **Good community engagement should be part of everyday working** that helps us to make tough decisions, find efficiency savings, and innovate through difficult times.

Some of this has already started to happen

This work has **started, in some of our places, to build the foundations and ways of working** that could really **enable much needed change** in the way we collectively work with residents in our priority areas. The insight gained has raised a number of further considerations for our work. It has helped us reflect and think about what we are doing and why, and question if is it really putting the needs of residents, that need our best and most genuine support, at the heart of our provision.

In Ashfield and in other areas of Gedling, colleagues have recently **started trying to capture lived experience against these building blocks** in a more formal and structured way. Trying to identify if we can continue to grow our ongoing insight and understanding through the work that is already going on with and through **services, partners and community groups** and their ongoing contact with residents, so we don't have to "consult residents" every time there is a new investment or opportunity. Can they become our eyes and ears? **Can they be upskilled and resourced to ask the questions, listen and record what is being heard?**

In Bellamy, **as a result of the foundations and partnerships this work has enabled the employment of a new community health and wellbeing officer.** She is based in the estate, funded through the Public Health Integrated Wellbeing Service and hosted by Mansfield CVS. Her role is to **build relationships** with residents and services, **gather insight and understanding**, helping feed this into partners so services **can be designed and delivered collectively in a way that is right and meets the needs of residents**. This model is now also being explored for Coxmoor and across South Nottinghamshire PBP too. Can we **keep thinking differently and give residents, that really need us to change how we work together, a brighter future?**

Appendix 1: What working differently looks like

The work in Bellamy had a head start compared to other areas, building on the foundations and strengths from already established relationships and previous work. We used the NHSEI funding to employ a community engagement worker, through the local CVS. We recognised the need to, if possible, employ a local resident who wanted to make a difference, who already understood and had the trust of the community. Fortunately, we were able to recruit and take a flexible approach to ensuring the right working arrangements for the new recruit.

They engaged with residents and captured what was being seen and heard, working within the CVS and with other partners to feed this into wider health work happening across Mansfield, informing the system to shape solutions, services and the workforce needed.

We began to recognise there are very few accessible opportunities for residents in Bellamy to develop their work skills and their confidence and ability to look after their own health. To start to change this, the engagement worker helped and empowered residents to access the health and wellbeing support they needed. An example of this is the work with resident V.

Resident V attended the weekly coffee morning and got chatting to the engagement worker. She didn't survey or consult him, it was a conversation, she listened, shared thoughts and ideas, and made V feel valued. He told her about having just been moved into social housing on the estate, his love of gardening, but not having a garden with his flat. He also spoke of the challenges he was having with his health and having no money for food that week. She worked with him to access an emergency food parcel and join the local food club as well as helping him register at the doctors and supported him at his first appointment so he could access the medication needed for his epilepsy that he had been self-medicating with illegal drugs to control.

Alongside this, a local community education provider wanted to support community growing activities and had been in contact with the engagement worker to try and set something up in Bellamy. Knowing gardening wasn't a strength of hers, she worked with V, building on the trust and relationships in place, and together they set up a gardening provision.

It was the most successful gardening activity the provider has run anywhere to date in terms of people completing the course. However, most importantly the community has a new activity and V has a purpose; he can share his passion, he is connected into his community, he has food, income, a home, well controlled epilepsy and belief and self-worth for the future. This all started from a conversation with someone who cares and is there on a regular basis. And there is now another opportunity to connect with residents, to work alongside them, listen, engage and gain the insight we need to inform the wider system, and a place where we can hopefully identify other key individuals that can be empowered to help create connections and opportunities.

Appendix 2: What working differently looks like

One of the key successes of this investment is how we have put the needs of the work, not the funder, first.

We worked at place level rather than working with communities who might be in need of particular services. In each place partners worked together, building on the relationships developed through the impactful community engagement to enhance provision where trust with residents already lies. Combining funding and resources from statutory and voluntary sectors to work together to resolve the issues that matter most to the community.

One of the common themes captured regarding sense of community, was a lack of local community activities. But we didn't just want to give community partners some money and off they go and deliver an activity- that would be no different to anything done before and would not be sustainable.

In Killisick one of the areas identified was the need for activities for children and support around food. So partners from the Eagle's Nest Church, Children's Centre, the local primary school, Jigsaw Homes and the borough council have worked together to fund and provide a really successful summer holiday provision for children and families that included a healthy breakfast and a packed meal to take away. Parents had a safe place for their children to be during the holidays, giving them time to work or deal with some of the challenges they were facing, and it meant one less financial challenge of feeding children through school holidays.

As a result of the holiday club, the relationships built with families and the mobilisation of the community, a food club has started at the Eagle's Nest that is co-funded and supported by several different partners. An afterschool club has also been set up for the families to come together, have food, gain support from wider services and create and develop positive friendships within their community.

This report has been written by **Helen Davis, Active Notts**, on behalf of the partners and would like to thank them for their work and support:

- Ashfield District Council
- Ashfield Voluntary Action
- Gedling Borough Council
- Mansfield Community and Voluntary Service
- Mansfield District Council
- Newark and Sherwood CVS
- South Nottinghamshire Place Based Partnership
- Mid Nottinghamshire Place Based Partnership
- Nottinghamshire County Council
- NHS Nottingham and Nottinghamshire

Thanks!

Headline information

Sense of community

- **There were mixed feelings surrounding whether there is a sense of community.** Those that have grown up in the area and have family and friends locally felt part of the community. **Communities within communities are common.** A lack of sense of community felt most prevalent in Coxmoor.
- **Having community events and activities has a huge impact on sense of belonging as they bring people together and create positivity.** Where they have been **driven by local community groups they are the most successful** for example the Friends of Bellamy King's Coronation event.
- **Primary schools are key assets in creating a sense of community for many.** The family workers at the schools have often been there for a long time and are trusted in the community. **They are a consistent and reliable place for families.**
- **Not feeling safe is associated with a lack of sense of community for many.** This is particularly so for older residents and fear of ASB.
- **How an area looks and feels helps create a positive sense of community** for residents. Disrepair, dog mess and broken glass were commonly reported. Where sense of community was stronger this was less of an issue.
- **Communities are being connected by word of mouth, newsletters, social media and notice boards.** However, none of these were evident in Coxmoor.

What's available locally

- **There is good access to green spaces and parks.** However, they are not **used to their full potential** due to them not always being maintained and/or people not feeling safe.
- In many communities, there is **limited access to indoor community spaces for activities and service provision.** There have been good community spaces in the past, but they are no longer available. Many of the community venues that are available are often hard to access, due to booking systems and/or being used all the time.
- **Children's centres offer support to families with children under 5 in all the areas but offer predominately targeted support** with very limited universal provision. It also appears that **demand far outweighs the capacity of the service.** There is no children's centre in Bellamy; families are expected to travel to Oaktree Children's Centre- which is two miles away and not easily accessible by bus which impacts on access.
- There are some **activities for older people** to access within the estates (except Coxmoor which has none). The church groups on Butler's Hill and Broomhill offer lunch clubs and activities but they are not always well attended.
- **Food clubs are a valued provision and well used.** The more local they are, the better the reach into the local community. There is currently no food club in Coxmoor.
- **All areas have seen shops and cafes close and not be replaced.** Food shopping at large supermarkets is available within a 30 to 40-minute walk for all areas (although this time depends how mobile residents are and where they live on an estate). Butler's Hill, Broomhill and Killisick have access to limited shops within the estates, Bellamy has a small convenience store where prices are significantly higher than those in supermarkets, and Coxmoor has none. Local shops stocked limited fresh products.
- **There is very limited or no provision of activities for young people.** There are youth centres in nearby towns except for Bellamy, although the youth bus visits Bellamy and Killisick once a week during term time. During school holidays there is no youth provision which escalates ASB and other more serious crime.
- **There is no regular healthcare provision or services delivered from within any of the areas.** Provision that is delivered is often short-term and considered unreliable. There was no mention of social prescribers.
- **There is an apparent lack of trust between residents and service provision.** Residents felt in general that statutory health, wellbeing and social care support is over complicated to access and navigate and requires people to fit into 'boxes'. "It's not a drop box option" (resident Butlers Hill & Broomhill)
- **Primary schools are in all the areas and generally well respected.** Some adult education is available locally however, for secondary school, young people need to travel. **The adult education has better take up when it is run in conjunction with a community group.**
- Nearby leisure centres are liked and valued but are too expensive, particularly for swimming. **There was no mention of regular physical activity happening directly in any of the estates.**

Getting around

- **Lots of people rely on public transport to get around.** If people do have a car, it is often needed for travel to work so other household members will need to use public transport. There are good travel options for residents in Killisick and Hucknall particularly to get into Nottingham City.
- **The buses are unreliable and seem to stop going onto the estates in the early evening.** Particularly in Coxmoor and Bellamy, this makes using them for work and appointments challenging.
- **People don't want to go out and about on foot after dark due to not feeling safe.** Lots of alleyways that feel unsafe stop people walking around, particularly in Coxmoor.
- **Taxis are used by the elderly**, particularly for their shopping.
- **Very little mention of cycling** for travel apart from in Butlers Hill and Broomhill where Ridewise has now been funded to do some work.
- **Public transport is costly for people on a limited income**, limiting what they are able to choose to do. Journeys can sometimes require two different providers which means paying twice.

Good homes

- **There is mixed housing stock in all the areas, with generally high levels of social housing.** Social housing is prioritised for those in the most need, and therefore there is a high level of need for additional support, guidance and access to services.
- **New housing is either currently being built or is planned to be built in all the areas.**
- **The system in place to access social housing appears very complicated and relies on good IT and literacy skills. Housing support is not always offered regularly within the estates.** Residents often need to travel to seek help and guidance, but public transport links can be a further barrier and phone systems are complicated to navigate.
- **People generally struggle to get housing repairs done in a timely way.** This does however depend on the housing provider/landlord. Damp was a common issue heard. Besides the physical and mental health effects, this can create a sense of alienation and of the areas being forgotten or ignored by services.

Job opportunities and Money

- **Financial insecurity was raised consistently.** Local organisations need to adapt to address this; for example, at the Bellamy Food Club they are now accepting "IOUs". Cost of living is really worrying for residents particularly those that haven't accessed benefits before and now need to.
- **There are limited opportunities for work locally, which is compounded by limited transport options.**
- **The support needed to help people find work is not available locally and residents have to travel.**
- **Generational cycles of unemployment/low-skilled work are evident in some areas, with a lack of role models for young people.** We heard a lack of occupation and purpose can increase feelings of loneliness and depression.
- **Lots of retired people, people with long-term health conditions and young families, are living on the estates and may rely on welfare support.**
- Support to access the right benefits is not available locally. **The benefits system is complex and relies on good literacy skills and IT to navigate.**