



Information and Advice Strategy Survey

Final Report

North East Lincolnshire CCG

October 2016

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Introduction

In 2007, North East Lincolnshire Council (NELC) delegated adult social care commissioning and delivery functions to the North East Lincolnshire Care Trust Plus (NELCTP), via a section 75 agreement under the NHS Act 2006. NELCTP became NEL Clinical Commissioning Group (the CCG) in 2013. Whilst delegation between NELC and the CCG has secured significant integration in health and social care, the delivery of functions via additional partners has resulted in a complex pattern of care delivery across North East Lincolnshire.

A key area of focus for the partnership between the CCG and NELC is ensuring that North East Lincolnshire's citizens are able to access good quality information, advice and guidance regarding the support available to them across children and adult health and social care services.

The Care Act 2014 defines 'information' as the communication of knowledge and facts regarding care and support, and defines 'advice' as helping a person to identify choices and/or providing an opinion or recommendation regarding a course of action in relation to care and support. The Care Act introduces a duty for local authorities to establish and maintain a service for providing citizens with information and advice relating to care and support for adults, and support for carers. This is an active duty, which extends to ensuring the coherence, sufficiency and availability of information and advice, and facilitating access to it. The information and advice service must cover the needs of the whole population, and be offered in a way that is reflective of the duty to integrate care, health and health-related services.

In developing the Care Act 2014, the Government undertook engagement activities and found that "people do not know how or where to access the information that would help them plan and prepare at key points in their lives, or support them to make appropriate choices if they are in receipt of care or expect to need care in the near future"¹.

With this in mind, a series of engagement activities with citizens and wider stakeholders was led by CCG staff to stimulate conversations around the quality of information and advice (I&A) provision in North East Lincolnshire. People's views were collected via an online survey, a paper survey and discussions at community groups and forums, as well as qualitative interviews with individuals and meetings with key partners.

The raw engagement data from the online and paper survey were provided to Enventure Research to analyse and produce an independent report commenting on the results and feedback provided.

The findings from this engagement programme will contribute towards the development of a strategy in order to ensure that health and social care information and advice provided across North East Lincolnshire is coordinated and is effective for the population.

¹ Department of Health, *Caring for our future: reforming care and support*, July 2012, p. 14

Engagement objectives

The aim of this engagement was to provide feedback surrounding information and advice (I&A) currently available to North East Lincolnshire citizens, as well as ideas to shape the future offering of I&A throughout the district. Within this overall aim, the objectives were to:

- Understand current experiences of I&A
 - Type of I&A sought after
 - Where and when people seek I&A
 - Quality and accuracy of current I&A provision
 - Identify what works well and helps most when seeking I&A
- Identify current gaps in I&A provision
 - Potential I&A that is not already provided
 - Reasons for I&A not being accessible
 - Where and how I&A should be provided
 - Inconsistencies or duplications in current system
 - How to improve I&A delivery
- Establish the foundations to plan for improved I&A
 - Short term steps to improve current position
 - Longer term goals and priorities
 - How to make seeking financial I&A attractive
- Measure the success of future I&A
 - What good I&A looks like
 - Ensuring that good I&A is being delivered
 - Measuring standards of I&A offering

The Engagement Programme

Questionnaire

The survey was designed by Enventure Research in partnership with the CCG, ensuring that all of the questions were easily understandable for respondents in order to be accessible to a wide audience. The survey asked nine main topic areas relating to people's perceptions and experience of seeking I&A in North East Lincolnshire.

The nine main topic areas of the survey were:

1. Views on 'wellbeing'
2. Frequency on seeking I&A
3. Where to find I&A
4. Confidence in finding trustworthy sources of I&A
5. Preferred methods of obtaining I&A
6. Quality of I&A
7. Type of I&A sought after
8. Current views of I&A
9. Equality monitoring questions

Methodology

The survey was administered in paper and online format. The online survey was conducted by the CCG and hosted using Survey Monkey, and the paper survey was handed out to interested parties for them to complete and return. A copy of the survey can be found in **Appendix A**.

This report details the feedback from the online survey and paper survey. **In total, 206 people took part in the survey.** The results of face to face engagement are considered separately.

Interpretation of the quantitative data

This report contains several tables and charts that present survey results. In some instances, the responses may not add up to 100%. There are several reasons why this might happen:

- The question may have allowed each respondent to give more than one answer
- Only the most common responses may be shown in the table or chart
- Individual percentages are rounded to the nearest whole number so the total may come to 99% or 101%
- A response of between 0% and 1% will be shown as 0%.

As the survey was completed by a sample of North East Lincolnshire residents (206 people), and not the entire population (around 159,000 people), all results are subject to sampling tolerances.

For example, when interpreting the results to a survey question which all respondents answered (206), where 50% of respondents in the sample responded with a particular answer, there is a 95% chance that this result would not vary by more than +/- 6.8 percentage points had the result been obtained from the entire North East Lincolnshire population.

As a self-completion questionnaire was used, not all respondents have answered all questions. Therefore, the base size (the number of people answering) varies for each question. Some questions were answered by a much smaller number than the overall base size. Where this is the case, the results tend to be less reliable.

Subgroup analysis has been undertaken to explore the results provided by key subgroups such as gender, age group and disability. This analysis has only been carried out where the sample size is seen to be sufficient for comment. Where sample sizes were not large enough, subgroups have been combined to create a larger group.

In order to compare results between subgroups, statistical analysis has been undertaken. This allows us to be confident that any difference between scores is real and is not due to chance. Results between subgroups have been tested at a 95% confidence level.

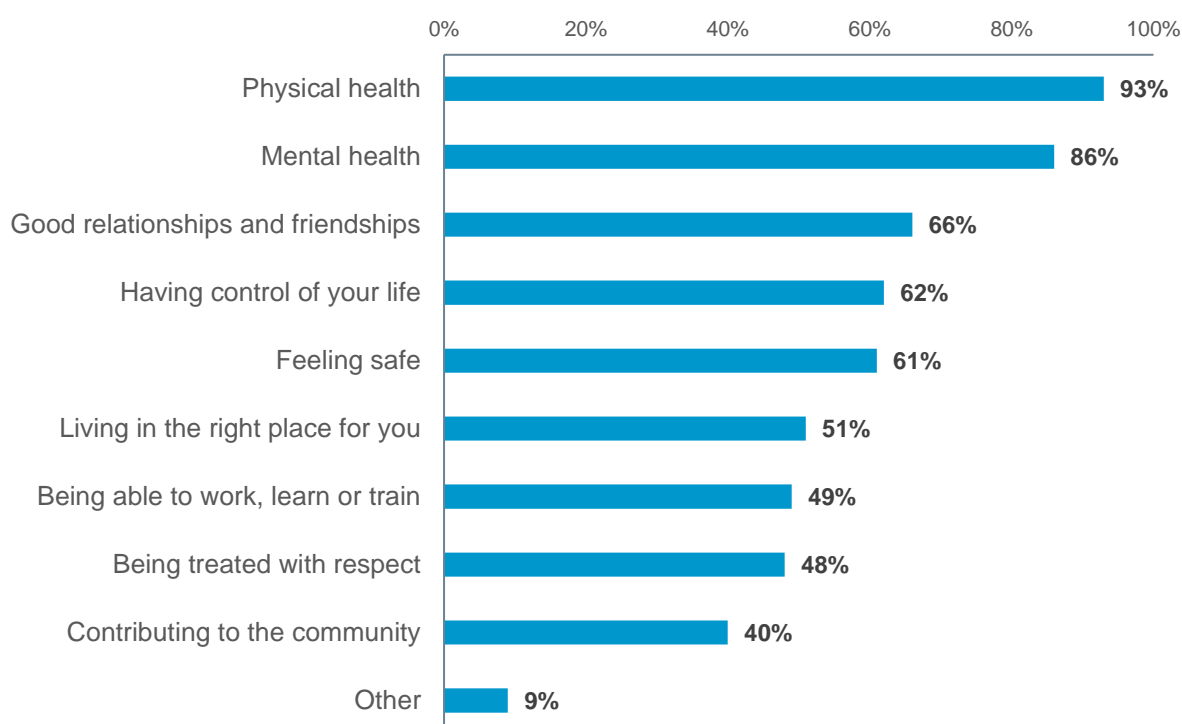
There were a number of open ended questions in the survey which allowed respondents to write their own response rather than tick a box. To analyse these answers and present them in an understandable way, responses to each open ended question have been sorted into a number of categories and themes, allowing them to be visually presented as charts. Where relevant, verbatim comments have also been used to provide examples from the categories to provide insight into each theme.

Quantitative Engagement Findings

Wellbeing

Respondents were first asked what the phrase ‘wellbeing’ meant to them and were able to select as many options as applied from a list. As shown in Figure 1, the majority of respondents (93%) said that wellbeing meant physical health, followed by mental health at 86%. The full range of responses can be seen in the chart below.

Figure 1 – What does the phrase ‘wellbeing’ mean to you?
Base: All respondents (206)



This question also gave respondents the opportunity to give ‘other’ responses as to what the term wellbeing meant to them. Verbatim examples of other responses include:

“Disabilities being taken into account when rules and technology's used for access and appointments. These are frequently overlooked or ignored.”

“Being happy.”

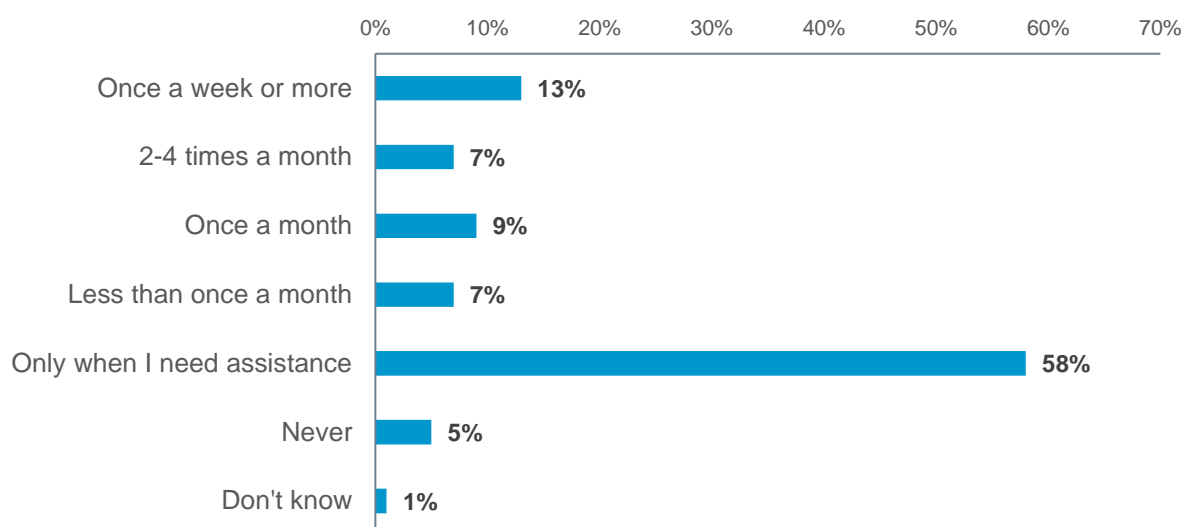
“Feeling part of a supportive community.”

Analysis of the results to this question by various subgroups highlight some slight differences. When looking at the breakdown of responses by age category, people under the age of 44 were more likely to believe that ‘wellbeing’ meant mental health (97%) when compared to those who were aged 65 or older (82%). Secondly, a larger proportion of female respondents felt that wellbeing meant feeling safe (64%) than male respondents (53%). A slightly larger proportion of those who indicated that they did not have a disability or impairment were more likely to suggest that the phrase ‘wellbeing’ referred to mental health (92%) when compared to those who stated that they did have a disability or impairment (82%).

Seeking information and advice

The survey next asked respondents a series of questions about their experience of seeking health and social care information and advice. When asked how often they look for health and/or social care information and advice, the most common response was that they sought it only when they needed assistance (58%). One in eight (13%) stated that they look for health and/or social care information and advice once a week or more, whilst just 5% said that they had never done so.

**Figure 2 – How often do you look for health and/or social care information and advice?
Base: All respondents (206)**



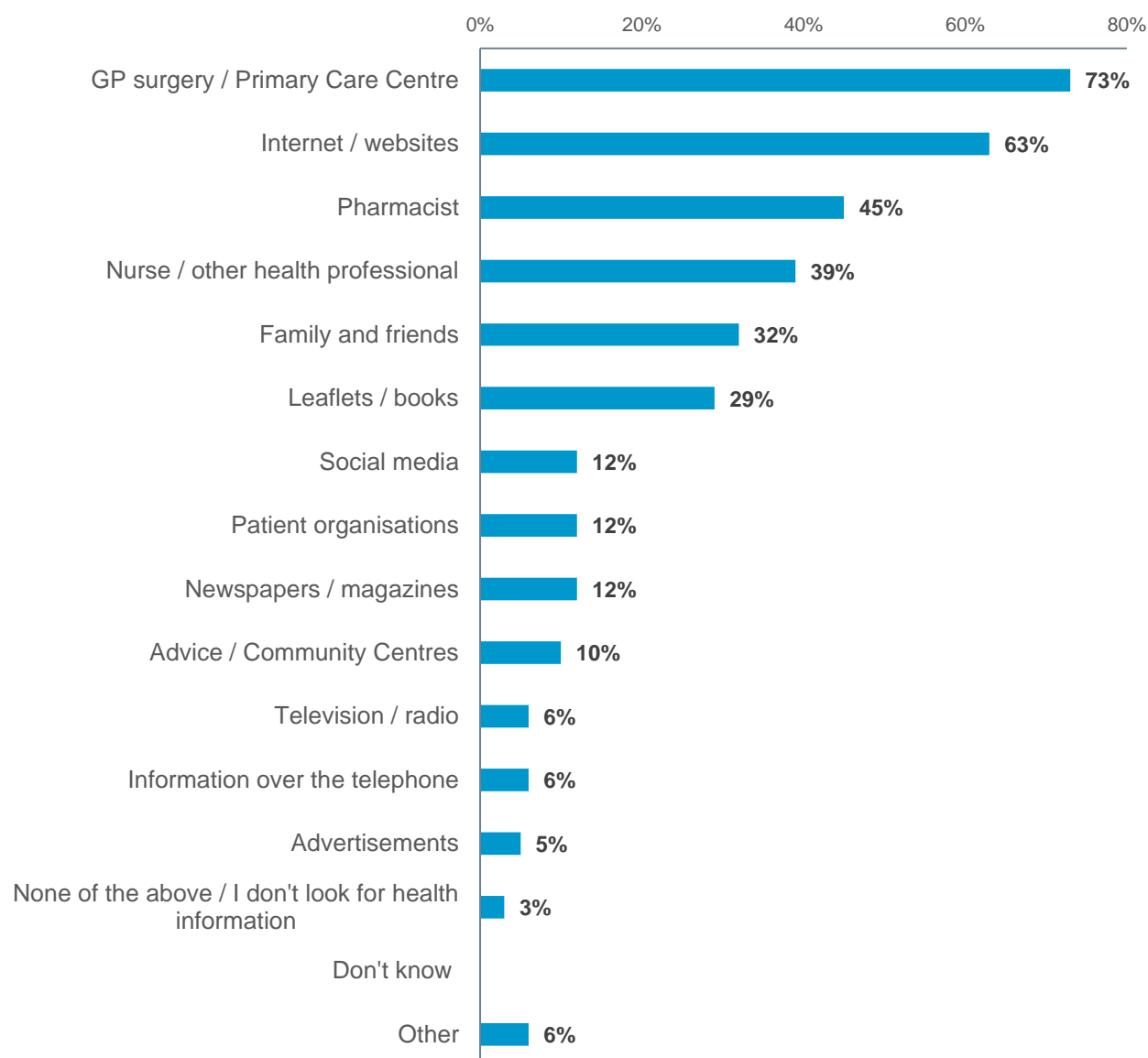
Subgroup analysis reveals that those aged 44 or younger were more likely to look for health or social care information and advice once a week or more (22%) when compared to respondents aged 65 and above (7%). Those who had a disability or impairment were more likely to look more frequently when compared with those who did not have one. For example, 7% of those with a disability or impairment looked for information and advice two to four times a month, compared to 4% of those without a disability or impairment. Similarly, 12% of those with a disability or impairment indicated that they look for information and advice once a month compared to 6% of those without.

Respondents were then asked from where or whom they normally look for health information and advice. As shown in the chart below, respondents were more likely to suggest that they seek health information and advice from a healthcare professional or by speaking to someone. Almost three quarters of respondents (73%) stated that they usually look for health information and advice at their GP surgery or Primary Care Centre, with a further 45% of respondents indicating that they looked to a pharmacist and 39% who said they would look to a nurse or other health professional. A third of respondents said they would speak to family or friends (32%).

Although 63% of respondents suggested that they look for health information and advice on the internet or websites, other methods of seeking information and advice which require the individual to search for themselves are seen further down the chart (leaflets / books at 29%, newspapers / magazines at 12% and information over the telephone at 6%). Just 3% of respondents stated that they do not look for health information.

The full range of responses are displayed in Figure 3.

**Figure 3 – Where or from whom do you usually look for health information and advice?
Base: All respondents (206)**



Respondents who stated that they look for health information and advice by telephone were asked to specify where. Of those who gave an answer, six respondents stated that this was from NHS Direct (111), and four respondents stated that this was from the Single Point of Access (SPA).

Those aged 65 and above were less likely to look for health information and advice on the internet and websites (41%) when compared with respondents aged 18 to 44 years old (81%) and respondents aged 45 to 64 years old (82%). A significantly larger proportion of female respondents suggested that they look for health information and advice on the internet when compared with male respondents (71% compared to 55%). Male respondents were more likely than women to visit their GP surgery or Primary Care Centre to look for health information and advice (82% compared with 73%).

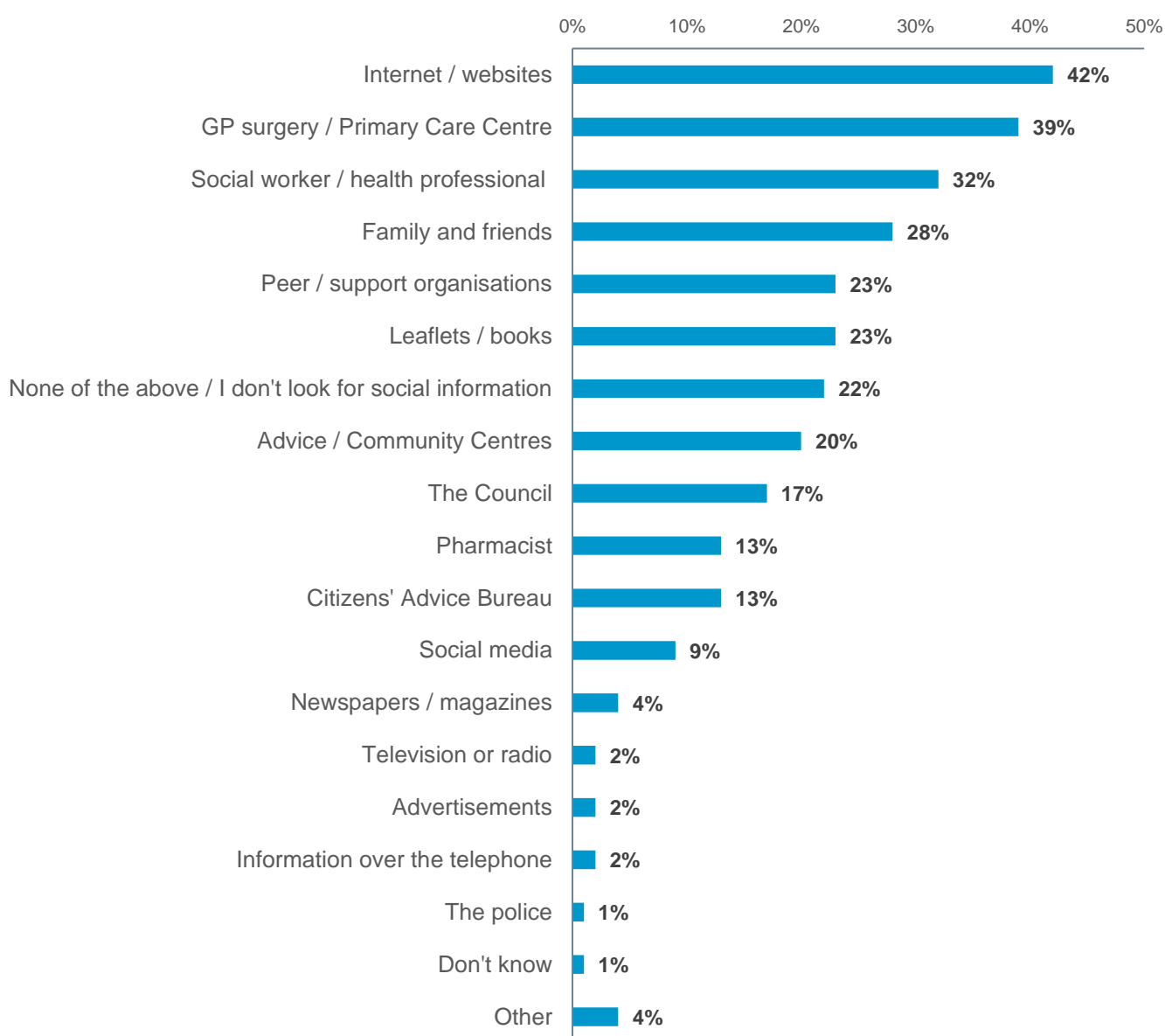
Respondents were also asked from where or whom they usually look for social care information and advice. As shown in Figure 4, just over two in five (42%) suggested they look for this on the internet or websites.

Similarly to when respondents were asked about looking for health information and advice, respondents were more likely to say they sought social care information and advice from a health professional or through speaking to someone. Two in five (39%) stated that they look for this at their GP surgery or Primary Care Centre, with a further 32% saying they sought social care information and advice from a social worker or other health professional. Almost a quarter (23%) said they look for social care information and advice from a peer or support organisation.

Interestingly, 22% of respondents stated that they did not look for social care information and advice. In comparison, only 3% said they did not look for health care information and advice.

Figure 4 – Where or from whom do you usually look for social care information and advice?

Base: Those who gave an answer (202)



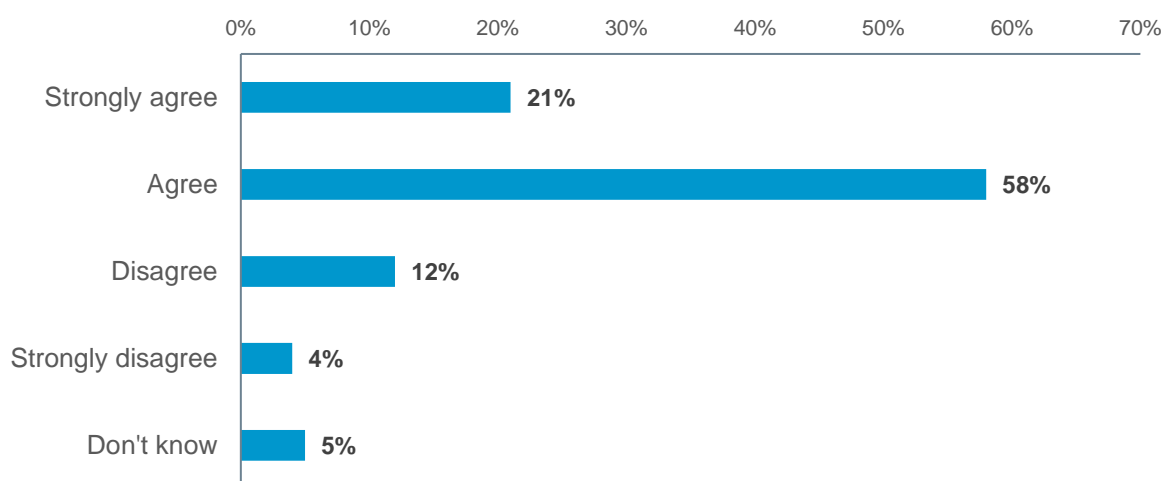
Those who did not have a disability or impairment were more likely to say that they looked for social care information and advice on the internet (50%) when compared with those who were not disabled or impaired (37%). Members of the North East Lincolnshire community network, Accord, were more likely to look for social care information and advice through leaflets and booklets when compared to those who were not a member (39% compared with 20%).

Confidence in current information and guidance

The next section of the survey asked respondents about their confidence in the current provision of health and social care information and guidance in North East Lincolnshire. Figure 5 shows that the majority (79%) of respondents agreed to some extent that they were confident they could find trustworthy sources of information and advice about their health and social care if they needed to (21% strongly agree and 58% agree).

Figure 5 – “I am confident I can find trustworthy sources of information and advice about my health and social care if I need to.” To what extent do you agree with this statement?

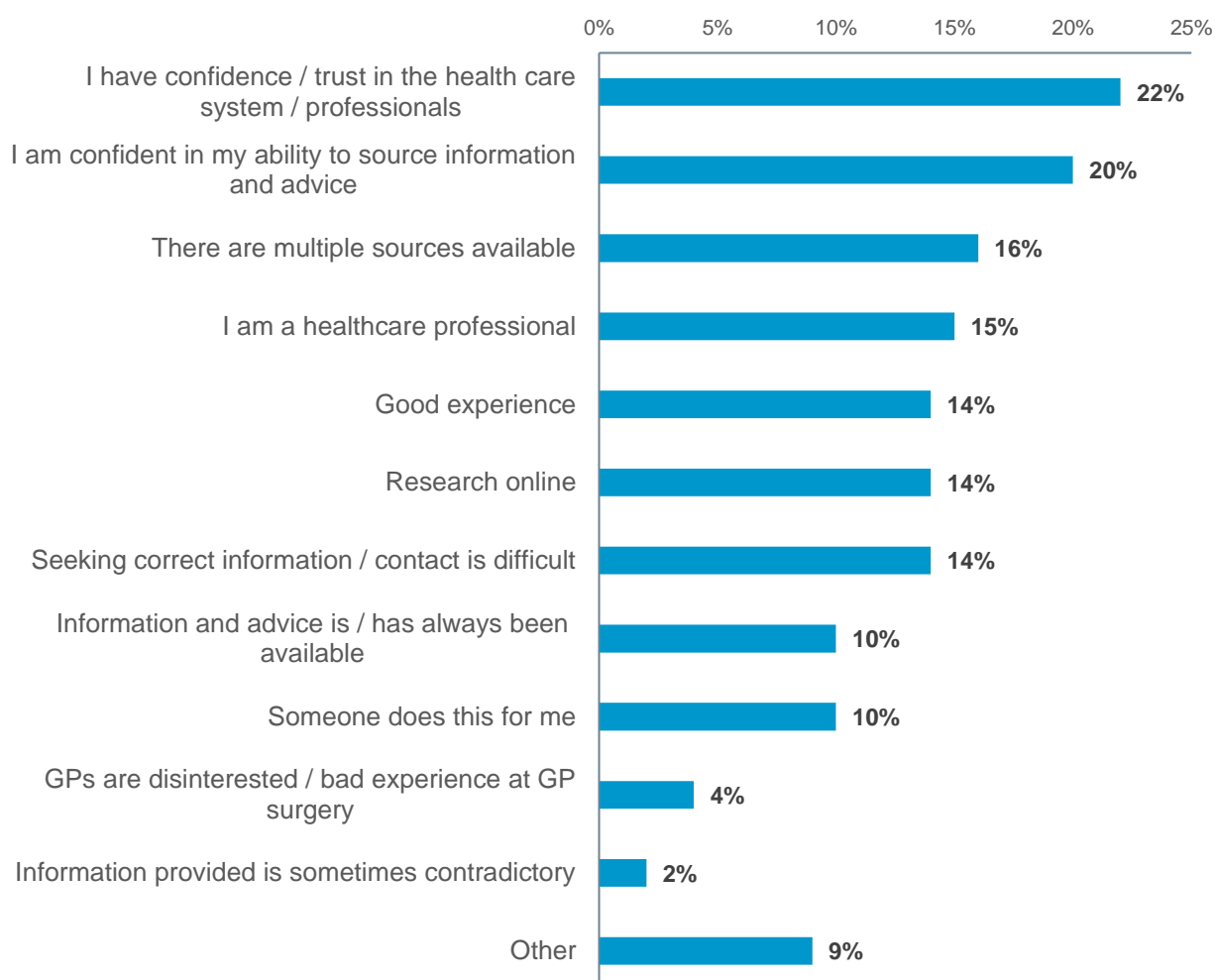
Base: All respondents (206)



Female respondents were more likely to agree to some extent that they are confident they could find trustworthy sources of information about their health and social care if they needed to (84%) compared to male respondents (75%).

Respondents were next asked to elaborate as to why they agreed or disagreed with this statement. These open ended responses have been thematically coded and are shown in two separate charts; one displaying reasons provided by those who agreed or strongly agreed and the other showing reasons provided by those who disagreed or strongly disagreed.

Figure 6 – Please tell us more about your answer to the previous question
Base: Those who agreed or strongly agreed and gave a response (93)



The most common theme suggested by respondents who agreed with the statement to some extent was that they had confidence or trust in health care professionals and the system, with 22% suggesting this. A further 20% of respondents stated that they had confidence in their ability to source information and advice, followed by 16% who said there were multiple sources available.

It is encouraging to see that 14% of respondents stated that they were confident that they could find trustworthy sources of health and social care information and advice because of a previous good experience.

One in seven respondents (14%) who agreed somewhat that they were confident they could source trustworthy sources of health and social care information and advice, also suggested that seeking the correct information or contact is often difficult.

Example verbatim responses include:

“I recently had surgery for prostate cancer [sic] and I have now been given the all clear. My consultant [...] is a marvellous man and his team is always only a phone call away if I ever need help.” (I have confidence / trust in the healthcare system / professionals)

“I have every confidence in my Primary Care Centre. They will either answer my questions or point the way to some person or organisation that would.” (I have confidence / trust in the healthcare system / professionals)

“I trust professionals to provide correct advice.” (I have confidence / trust in the healthcare system / professionals)

“I am confident enough in my own ability to seek reliable information and am not easily misled.” (I am confident in my ability to source information and advice)

“I am capable of seeking these services out and know where to look.” (I am confident in my ability to source information and advice)

“There is plenty of advice. All you have to do is ask the right person or organisation.” (There are multiple sources available)

“I always check more than one source to find [sic] comparable information or data.” (There are multiple sources available)

“Always been able to help in the past.” (Good experience)

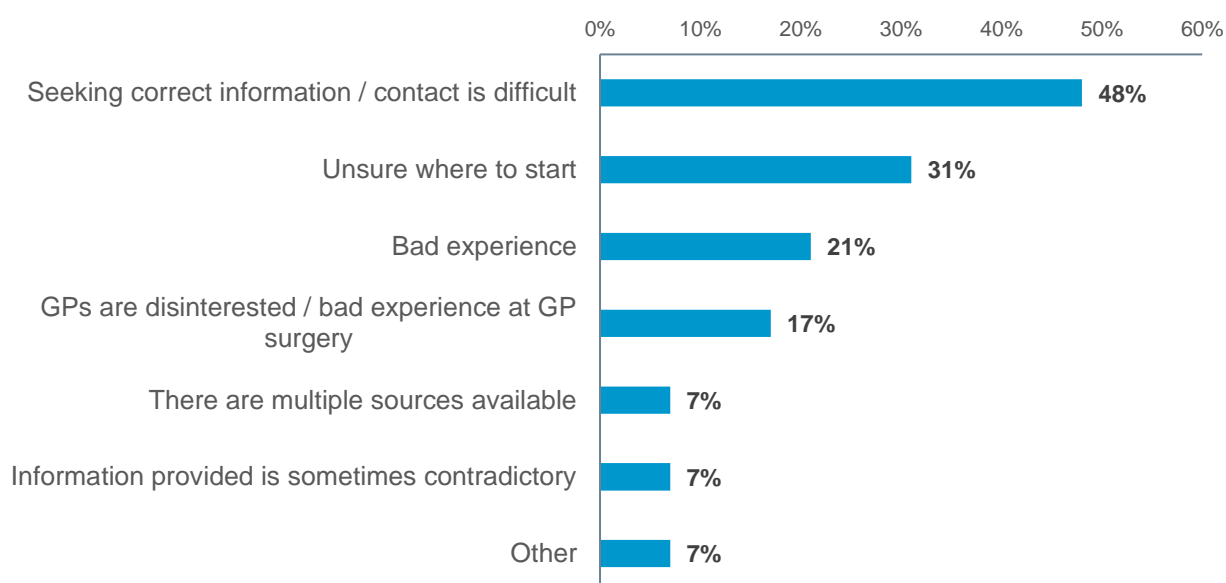
“Sometimes it can take a while to get the right number or person, but working in the NHS helps with that. So I agree, but not strongly agree as I usually do have to go looking for it.” (Seeking correct information / contact is difficult)

Where two or fewer respondents gave the same response, these have been coded as ‘other’. Some examples of other responses include being able to get advice but not the action or help, not needing to look for information and advice, and the ability to look for information and advice dependent on the person’s wellbeing.

Figure 7 shows the full list of themes given by those who disagreed or strongly disagreed with the aforementioned statement. As can be seen in the chart below, the largest proportion (48%) of comments were from respondents who suggested that seeking the correct information or contact is difficult. A further 31% of respondents said they were unsure where to start in order to find sources of information and advice.

One in five (21%) stated that they had had a bad previous experience, and this was why they disagreed that they were confident that they could find trustworthy sources of information and advice.

Figure 7 – Please tell us more about your answer to the previous question
Base: Those who disagreed or strongly disagreed and gave a response (29)



Example verbatim responses include:

“Information for social care is almost like trying to gain access to the official secrets act.” (Seeking correct information / contact is difficult)

“Plethora of information available which is often contradictory and conflicting. Can be difficult to identify the correct source/person to ask.” (Seeking correct information / contact is difficult and Information provided is sometimes contradictory)

“Sometimes it’s difficult to know where to start.” (Unsure where to start)

“What’s my first port of call?” (Unsure where to start)

“Every time I visit the GP or call the GP I’m disappointed with the care I get.” (Bad experience and GPs are disinterested / bad experience at GP)

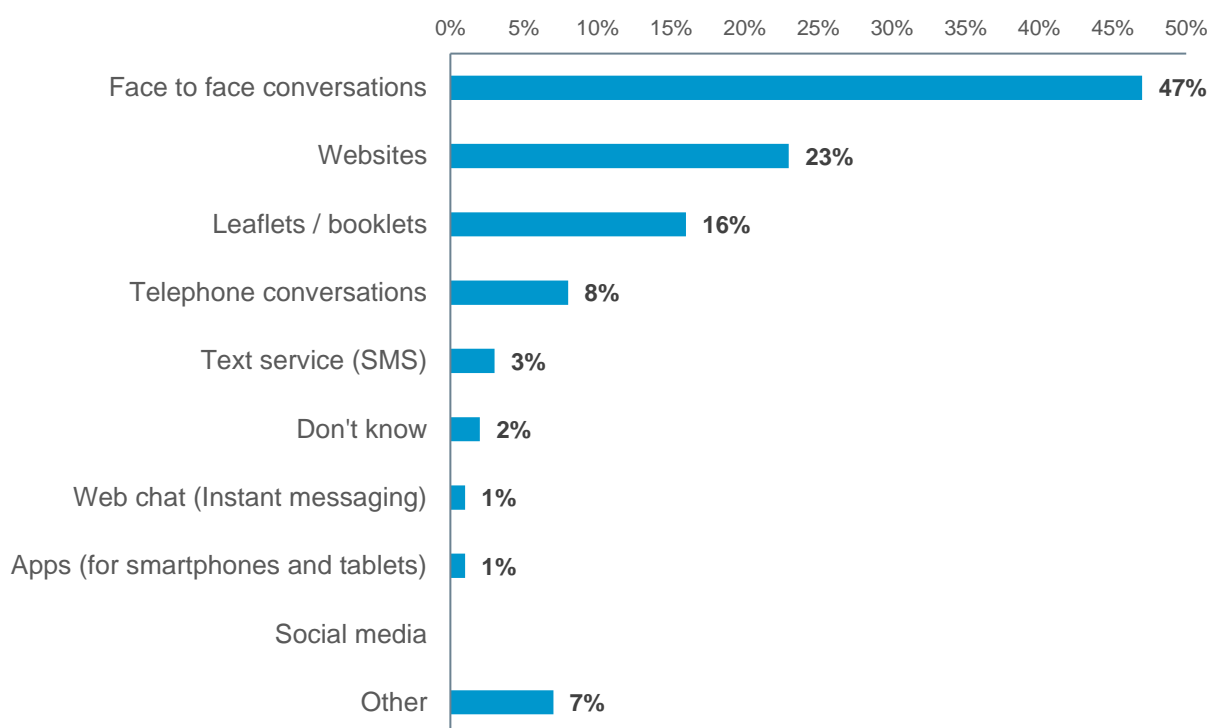
Obtaining information and advice

Respondents were asked how they preferred to receive information and advice. Although the survey asked respondents to select one option only, some respondents chose select multiple options. This was mostly done where a respondent ticked an option and also provided an 'other' response.

Almost half (47%) of respondents said that they prefer to receive information and advice through face to face conversations, followed by websites at 23%, leaflets / booklets at 16% and a smaller proportion of respondents said telephone conversations at 8%. Technology based methods of receiving information and advice were less preferred by respondents, such as web chat and apps for smartphones and tablets (both 1%). No respondents said that they prefer to receive health and social care information and advice via social media.

Figure 8 – How do you prefer to receive information and advice regarding health and social care?

Base: Those who gave an answer (200)



Respondents were also able to provide responses that were not options in the questionnaire which were coded as 'other'. Example verbatim responses include:

"I think it is difficult to select just one preference as [sic] a way of receiving information and advice regarding health and social care, as I think this depends on what type of information it is/what the problem is."

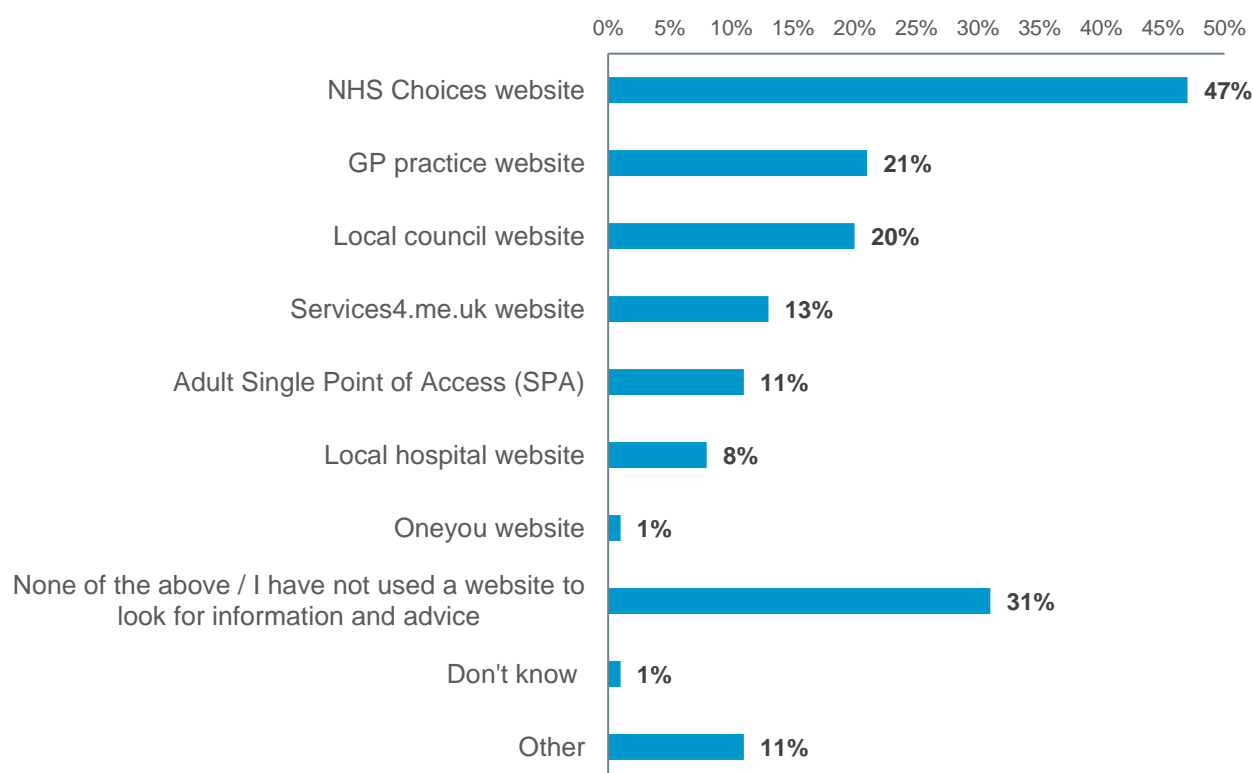
"I've crossed websites for health care only. I would use the SPA number for social care. I think this question should have been divided between health and social care."

A significantly larger proportion of older respondents aged 65 and above indicated that they prefer to receive information and advice regarding health and social care via face to face conversations (62%) when compared with younger age groups (19% of 18 – 44 year olds and 44% of 45 – 64 year olds). In contrast, younger respondents' (18 – 44 years old) preferred method of receiving information and advice was through websites (52%) compared to those aged 65 or older (11%). Subgroup analysis also shows that those with a disability or impairment were more likely to prefer receiving information and advice through a face to face conversation (48%) than those without (42%). Meanwhile, respondents with no disability or impairment preferred to receive information and advice via websites (30%) compared with 20%.

When asked which websites they had used to look for health and social care information and advice in the last six months, almost half of respondents (47%) indicated that they had visited the NHS Choices website. A further 21% said that they had looked at their GP practice's website, closely followed by their local council's website at 20%.

Three in ten respondents (31%) stated they had not used a website to look for information and advice in the last six months.

Figure 9 – Which of the following websites did you use to look for health or social care information and advice in the last six months?
Base: Those who gave an answer (201)



Of the twenty four respondents who provided an 'other' response, seven of these suggested that they had used Google in the last six months to look for health and social care information and advice. Examples of other responses include the Women's Refuge website, the Grimsby Telegraph website, care home websites and the Boots website.

A larger proportion of respondents without a disability or impairment (54%) suggested that they looked for health and social care information and advice on the NHS Choices website than those who did (39%).

Respondents were then asked how they would rate the information and advice available on this website.

It is positive to note that the majority of respondents rated all websites as either excellent or good. Respondents' GP practice website saw the largest proportion (75%) of respondents rating it as either excellent or good, closely followed by the Services4.me.uk website at 74%.

The adult Single Point of Access (SPA) website and local hospital website were the only websites not to be rated as either poor or very poor by respondents. The full range of responses are shown in Figure 10 below.

Figure 10 – How would you rate the information and advice available on this website?
Base: Those who had visited a website in last six months excluding don't know, Oneyou and 'other' (111)

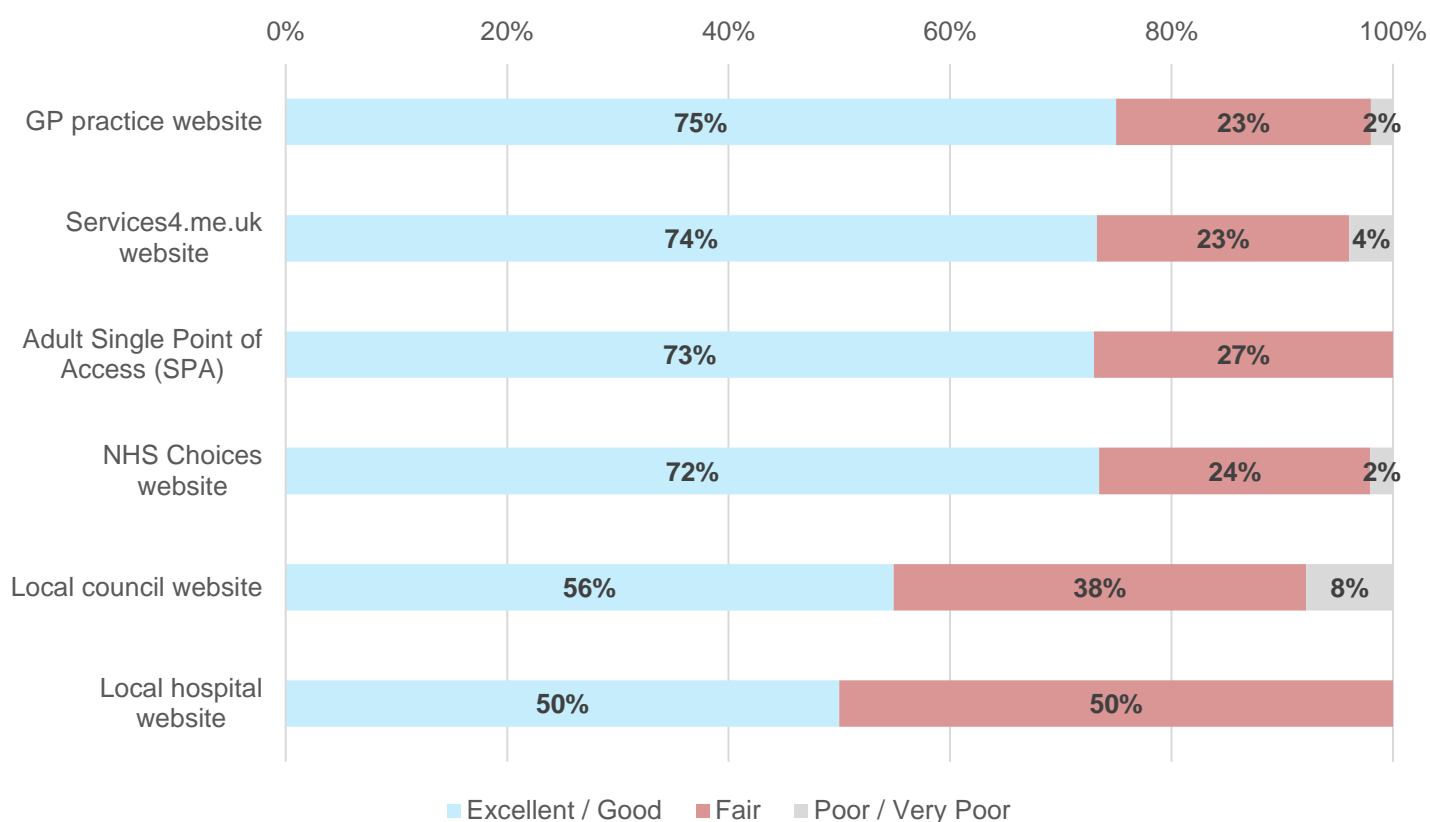
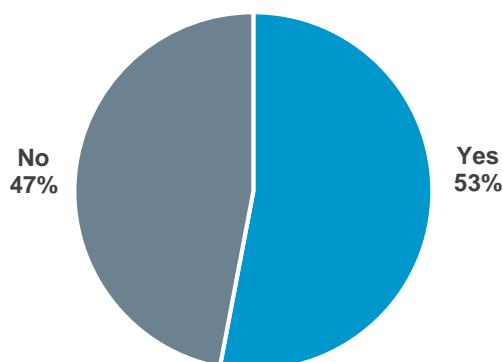


Figure 11 shows that there was a fairly even split between those who did and did not access information and advice to help plan for current or future health and social care needs.

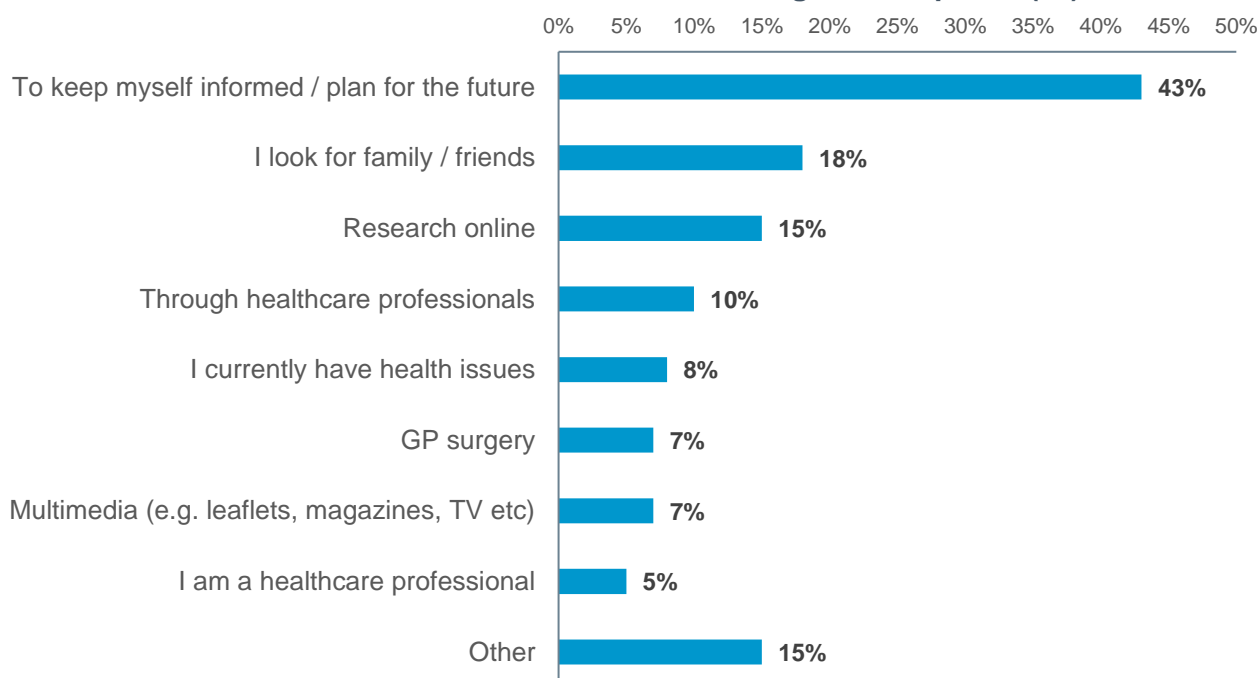
Figure 11 – Do you access information and advice to help you plan for current or future health and/or social care needs?
Base: Those who gave an answer (200)



It is interesting to note that respondents aged 44 or younger were more likely to say that they access information and advice to help them plan for their current or future health and social care needs (61%) when compared with older respondents.

Respondents were next given the opportunity to expand upon why they do or do not access information and advice to help plan for their current or future health and/or social care needs. These open ended responses were thematically coded and are shown in two separate charts; one displaying reasons suggested by those who said they did plan and the other showing reasons suggested by those who said they did not plan.

Figure 12 – Please tell us more about your answer to the previous question
Base: Those who said that they do access information and advice to help plan for their current or future health and/or social care needs and gave a response (60)



Of those who said that they did access information and advice to help plan for current or future needs, the most common theme (43%) expressed by respondents was that they did this to keep themselves informed and to plan for the future. Almost one in five (18%) respondents said that they accessed this on behalf of family and friends, followed by 15% who stated that they accessed this information online. One in twelve (8%) respondents stated that they currently had health issues, hence why they access information and advice and 5% did so because they are a healthcare professional themselves.

Example verbatim responses include:

“Am keen to keep informed of the best providers in the area.” (To keep myself informed / plan for the future)

“Self-help knowledge to help keep healthy.” (To keep myself informed / plan for the future)

“Simply to plan ahead if necessary.” (To keep myself informed / plan for the future)

“Not only do I use the [sic] information for my future planning I assist others in doing so.” (I look for family / friends)

“I was looking for residential care for my father.” (I look for family / friends)

“If I suspect myself or one of my family is ill I use websites for diagnoses and treatment advice.” (Research online)

“I use the internet to research information and try to deal with minor issues myself.” (Research online)

“I am pregnant for the first time and find all info helpful.” (I currently have health issues)

“I am a Mental Health Professional.” (I am a healthcare professional)

Further themes included accessing information and advice through healthcare professionals (10%) and accessing information and advice through GP surgeries, and through multimedia such as leaflets, magazines and the television (both 7%).

If two or fewer respondents suggested the same category, this was coded as an ‘other’ response. Examples of such responses include accessing information and advice over the telephone, a suggestion to make information easier to understand and that there was too much uncertainty with services changing.

Those who indicated that they had a long-standing illness or health issue were more likely to suggest that they accessed information and advice to keep themselves informed or plan for the future when compared with other respondents with any short-term disability or impairment (71%).

As shown in the chart below, the majority (62%) of respondents who said that they did not access information and advice to plan for their current or future needs suggested that this was because they have not needed to. A further 11% felt that they could not plan for the future and 7% said that they were unsure of where to search.

Whilst some respondents who said that they do access information and advice indicated that this was to look on behalf of family and friends, 11% of respondents who answered no to the same question also said that they look for family and friends. One can assume that although these respondents did not look for themselves, they did in fact access information and guidance to help plan for the future needs of their friends and family.

Example verbatim responses include:

“I haven’t felt it necessary to plan for future health and social care needs.” (Have not needed to / not necessary)

“Attend regular appointments etc and take [sic] medication so health reasonable.” (Have not needed to / not necessary)

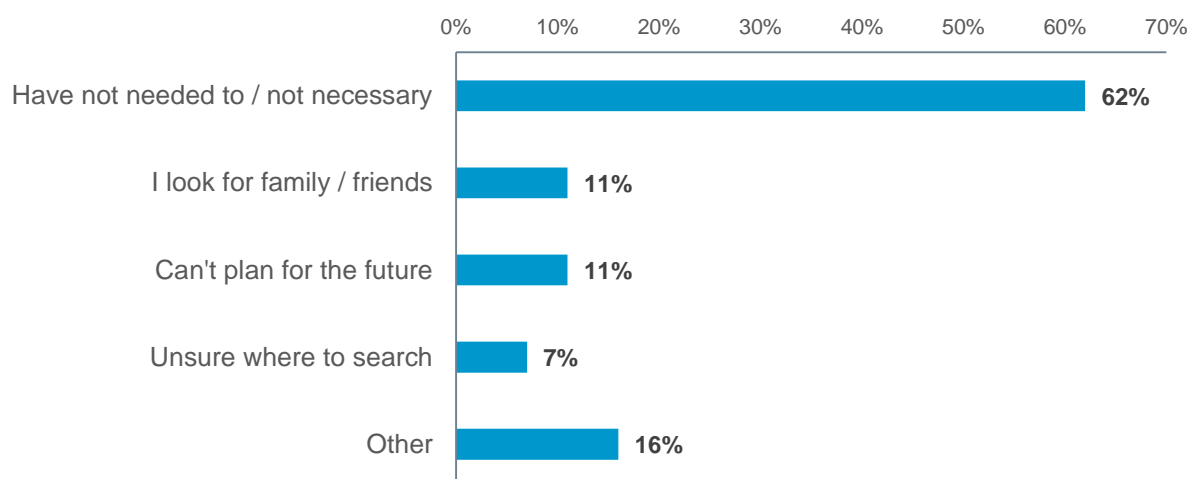
“The information I sought was not for me.” (I look for family / friends)

“I look for my mother.” (I look for family / friends)

“You can’t really plan for future needs as you don’t know what they will be! As to current needs, well then yes, I would.” (Can’t plan for the future)

“Not sure which website would be most useful and/or trustworthy.” (Unsure where to search)

Figure 13 – Please tell us more about your answer to the previous question
Base: Those who said that they do not access information and advice to help plan for their current or future health and/or social care needs and gave a response (45)



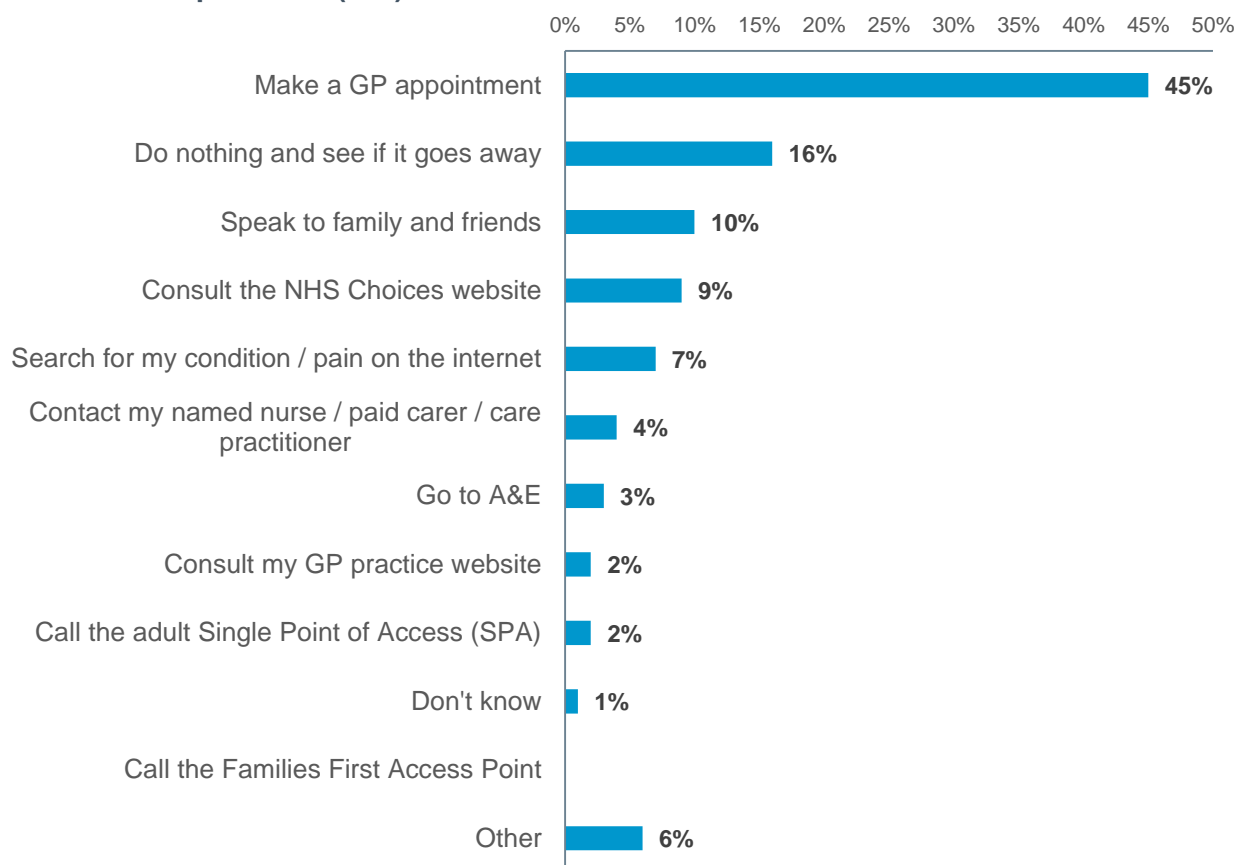
Respondents were next asked what they would do first if they woke up the next day feeling unwell or in pain. Although respondents were asked to only select one option, a small number of respondents selected more than one and this question has therefore been coded as if it were multiple choice. Again, those who selected multiple choices selected one option already available and also provided an ‘other’ response.

The most common response was that they would make a GP appointment (45%). One in ten (10%) respondents said they would speak to family and friends, whilst 4% said they would contact their named nurse, paid carer or care practitioner.

A total of 18% suggested the first thing they would do would be to look online (consult the NHS Choices website at 9%, search for my condition / pain on the internet at 7% and consult my GP practice website at 2%).

One in six (16%) indicated that they would do nothing and see if the feeling of being unwell or pain went away and 1% claimed they did not know what they would do first. No respondents said that they would call the Families First Access Point.

**Figure 14 – If you woke up tomorrow feeling unwell or in pain, what would you do first?
Base: All respondents (206)**



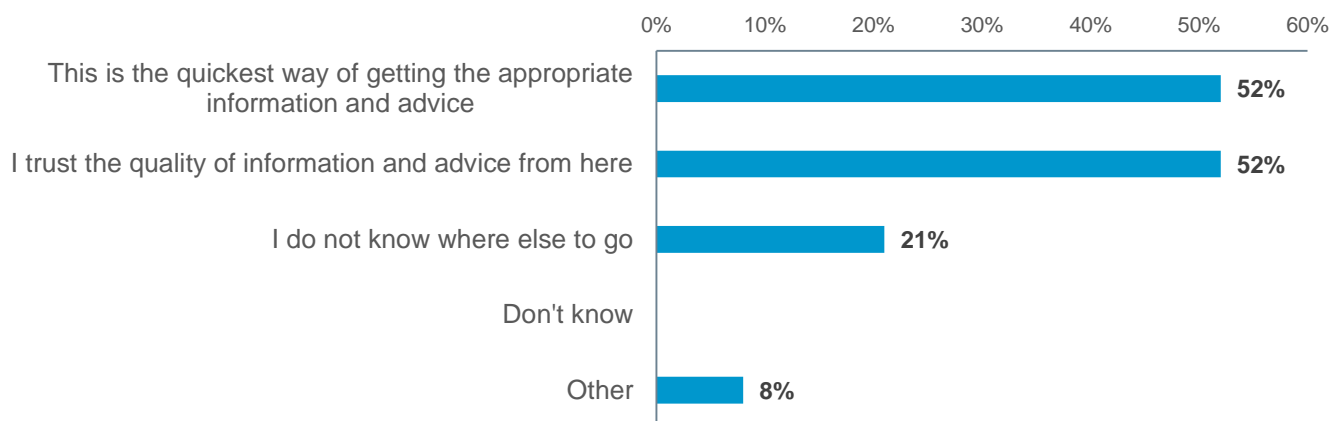
Other examples of responses coded as ‘other’ included the belief that it depended on the illness or pain, comments on the time spent waiting to make a GP appointment and visiting the local chemist.

Subgroup analysis of this question reveals that respondents aged 65 or older were more likely to book a GP appointment first (61%) when compared with those aged between 45 and 64 (46%), and those aged 44 and younger (25%). It is interesting to note that no respondents in the age group 65 and above said they would consult the NHS Choices website or search for their pain on the internet. A slightly larger proportion of those with a disability or impairment indicated that they would make a GP appointment (48%) when compared with those without (43%). Furthermore, those without a disability or impairment indicated that they would consult the NHS choices website which was a larger proportion than those with one (14% compared with 4%).

The survey next asked respondents why they chose to do this first. When giving their reason, respondents were able to select multiple answers. Figures 15 to 17 present the reasons given for each option where 20 or more respondents chose to do this first.

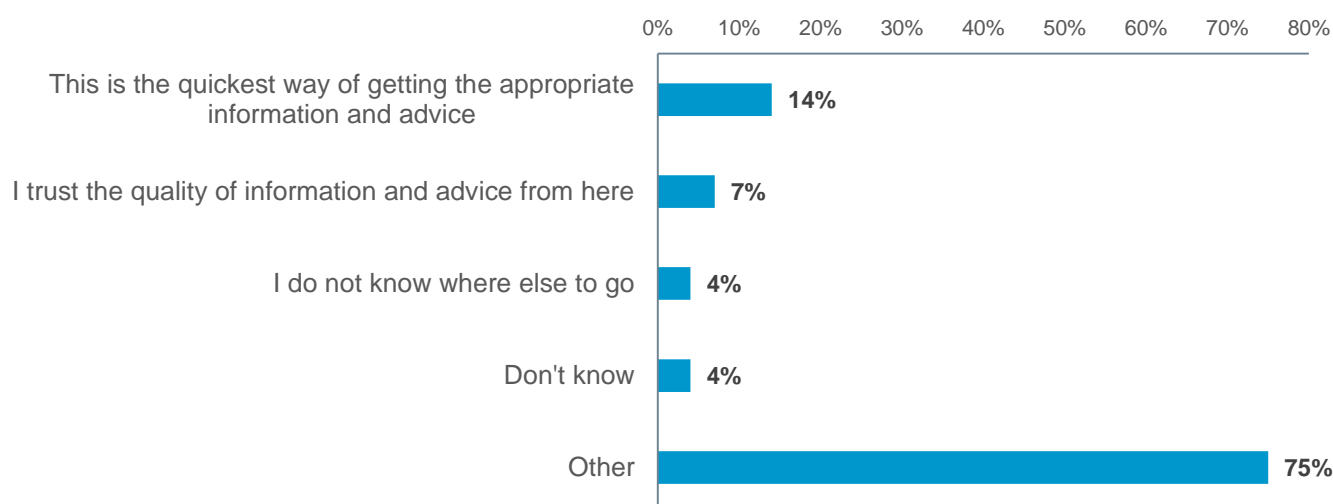
Equal proportions (52%) of respondents said that they would make a GP appointment first because this is the quickest way of getting the appropriate information and advice or that they trust the quality of information and advice from here.

Figure 15 – Why would you do this first? Make a GP appointment
Base: Those who gave an answer (91)



Of the seven respondents who provided an ‘other’ response to choosing to make a GP appointment first, five said this was their personal preference and a further two suggested that it depended on the illness or pain. Other responses include the opinion that the surgery was helpful and this is where they would go unless the problem was an emergency.

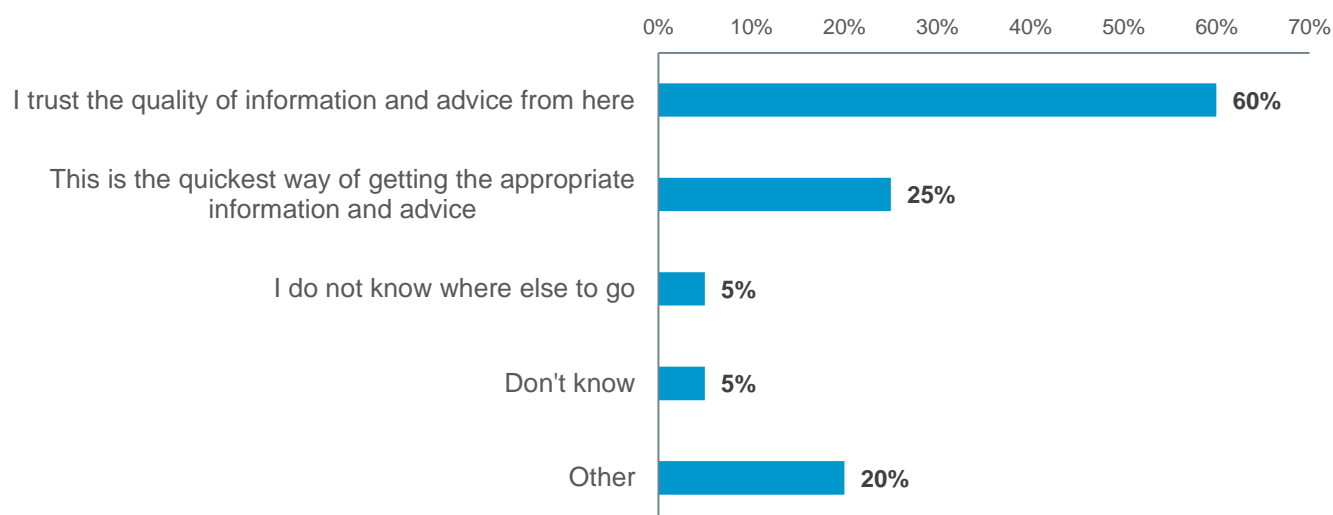
Figure 16 – Why would you do this first? Do nothing and see if it goes away
Base: Those who gave an answer (27)



As shown in Figure 16, the majority (75%) of respondents provided an ‘other’ response as to why they would do nothing and see if it goes away if they woke up with an illness or pain. Over half (55%) of these respondents suggested that most illnesses and pains subside. A quarter (25%) of those who gave an ‘other’ response said that they did not want to bother their GP or waste their time, followed by 10% who said it depended on the illness or pain and one respondent suggested that this was their personal preference.

Six in ten respondents (60%) said that they would speak to family and friends first because they trust the quality of information from here, followed by 25% who said that this is the quickest way of getting the appropriate information and advice. Just 5% said that they would speak to family and friends because they did not know where else to go.

Figure 17 – Why would you do this first? Speak to family and friends
Base: Those who gave an answer (20)



Other reasons provided for choosing to speak to family and friends included personal preference, the belief that most illnesses and pains subside and feeling more at ease speaking with family or friends.

Respondents were then asked what they would do first if they thought themselves or a person they care for needed social care support. Just over a quarter (27%) of respondents said they would call the adult Single Point of Access (SPA), followed by 23% who would make a GP appointment.

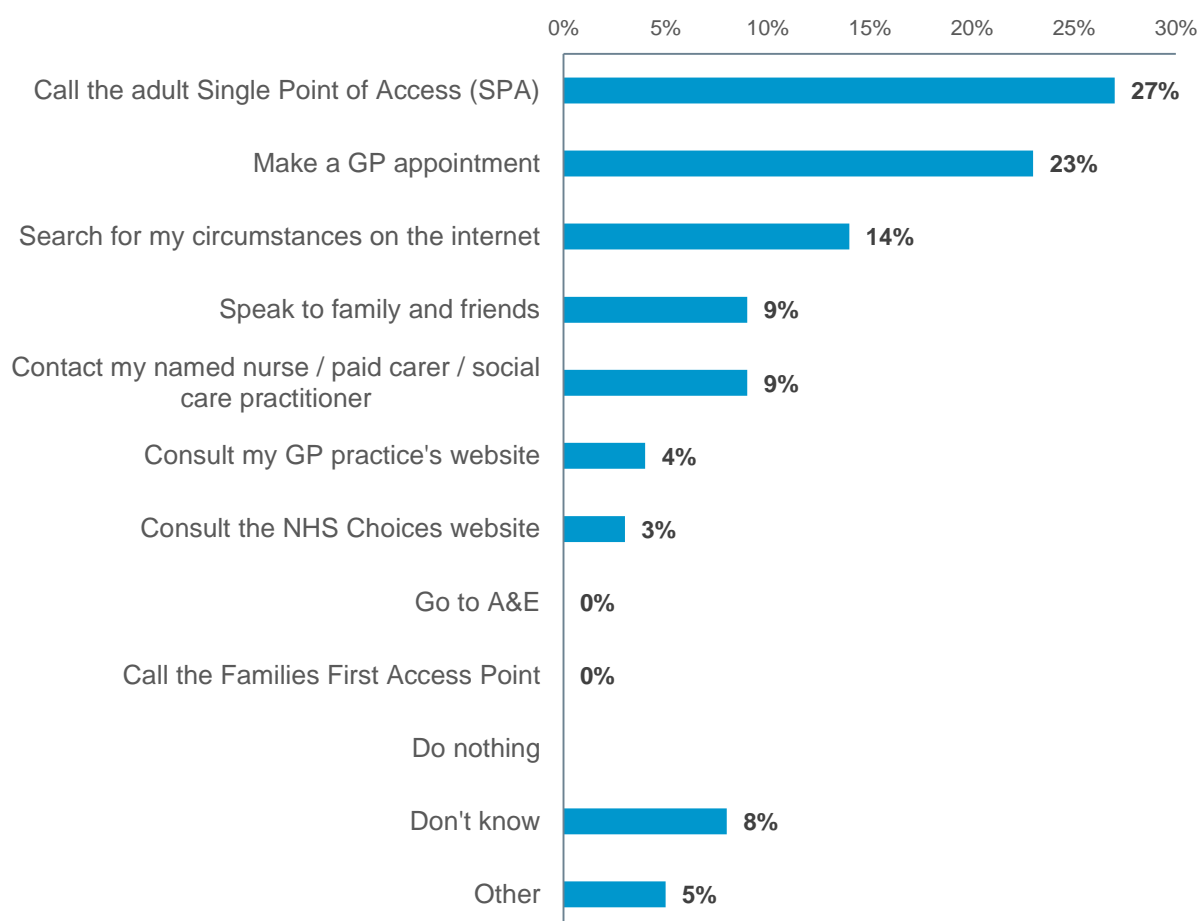
One in five (21%) suggested that they would first look online if they thought themselves or a person they care for needed social care support (search for my circumstances on the internet at 14%, consult my GP practice’s website at 4% and consult the NHS Choices website at 3%).

It is interesting to note that a larger proportion of respondents felt that they did not know what they would do if themselves or a person they care for needed social care support than those who said they did not know what they would do if they woke up with an illness or in pain (8% compared with 1%).

No respondents said that they would do nothing.

Figure 18 – If you thought you or a person you care for needed social care support, what would you do first?

Base: All respondents (206)



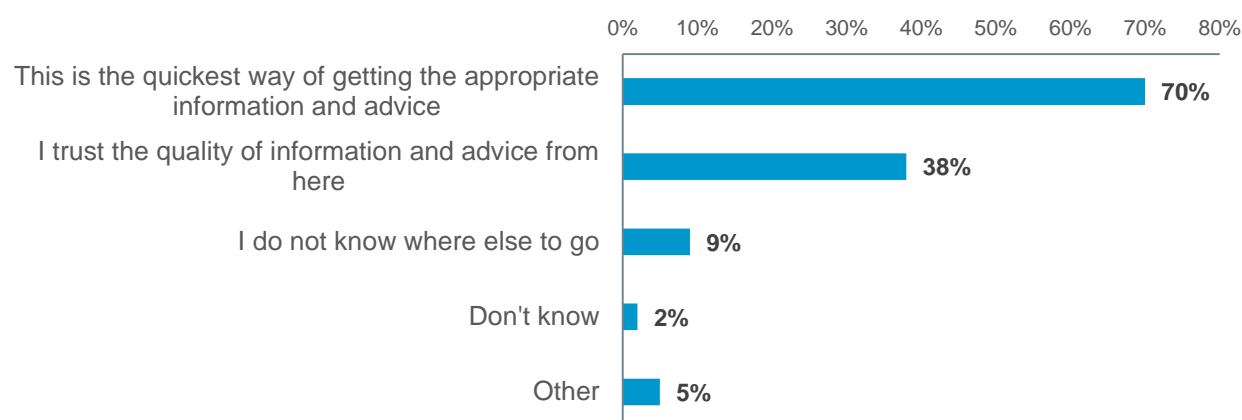
‘Other’ responses included respondents suggesting that the first thing they did would depend on the circumstances, sending a letter to a team manager and waiting to speak to mental health nurses the next time they visited.

Similar to when respondents were asked what they would do first if they were feeling unwell or in pain, no respondents aged 65 or older said that they would consult the NHS Choices website or search for their circumstances on the internet. Looking at the question by age group, results reveal that respondents aged 44 or younger were most likely to call the adult Single Point of Access (35%). Female respondents were also more likely to call the adult Single Point of Access (34%) than male respondents (18%). Those with a disability or impairment were more likely to call the adult Single Point of Access (33%) or make a GP appointment (26%), whilst those without a disability or impairment were more inclined to search for their circumstances on the internet (17%) or contact their named nurse, personal carer or social care practitioner (13%).

Respondents were then asked why they would choose to do this if they thought themselves or a person they care for was in need of social support. Again, respondents were able to select multiple answers. Figures 19 to 21 present the reasons given for each response where 20 or more respondents chose to do these things first.

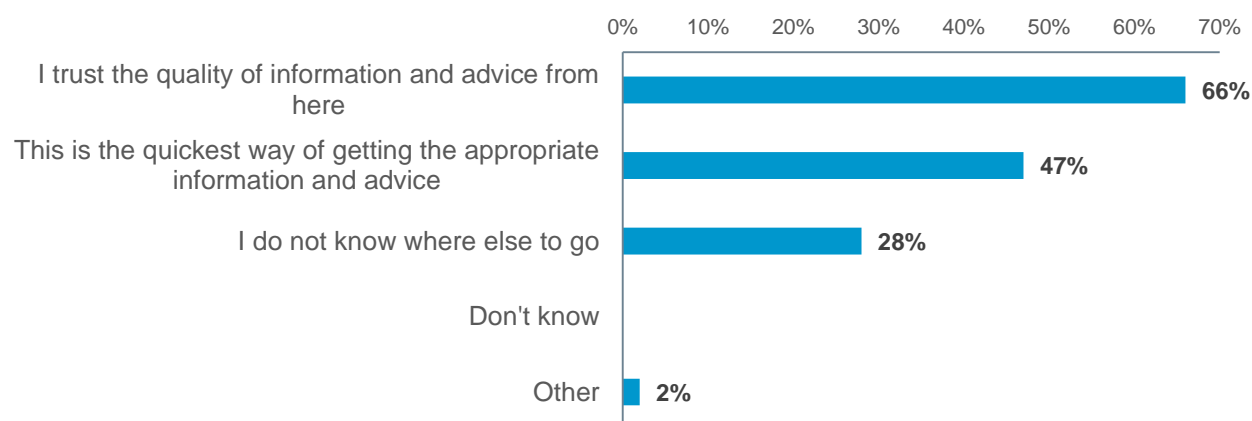
Seven in ten respondents (70%) said that they would call the adult Single Point of Access first because this is the quickest way of getting the appropriate information and advice, followed by 38% who said they trust the quality of information and advice from here.

Figure 19 – Why would you do this first? – Call the adult Single Point of Access (SPA)
Base: Those who gave an answer (56)



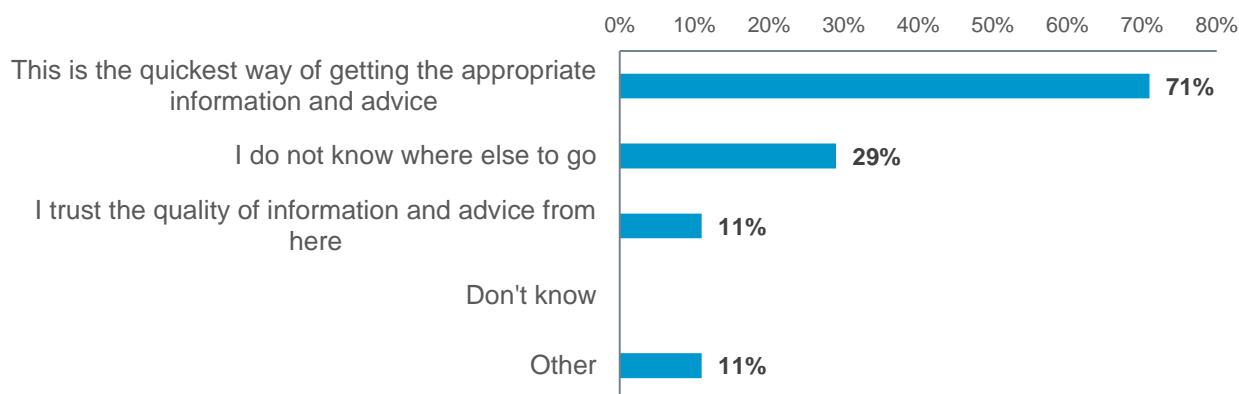
The majority (66%) of respondents who stated that they would make a GP appointment first said this was because they trust the quality of information and advice from here.

Figure 20 – Why would you do this first? – Make a GP appointment
Base: Those who gave an answer (47)



The most common reason (71%) for those who said they would search for their circumstances on the internet was because it is the quickest way of getting the appropriate information and advice. Three in ten (29%) respondents indicated that they would do this because they did not know where else to go.

Figure 21 – Why would you do this first? – Search for my circumstances on the internet
Base: Those who gave an answer (28)

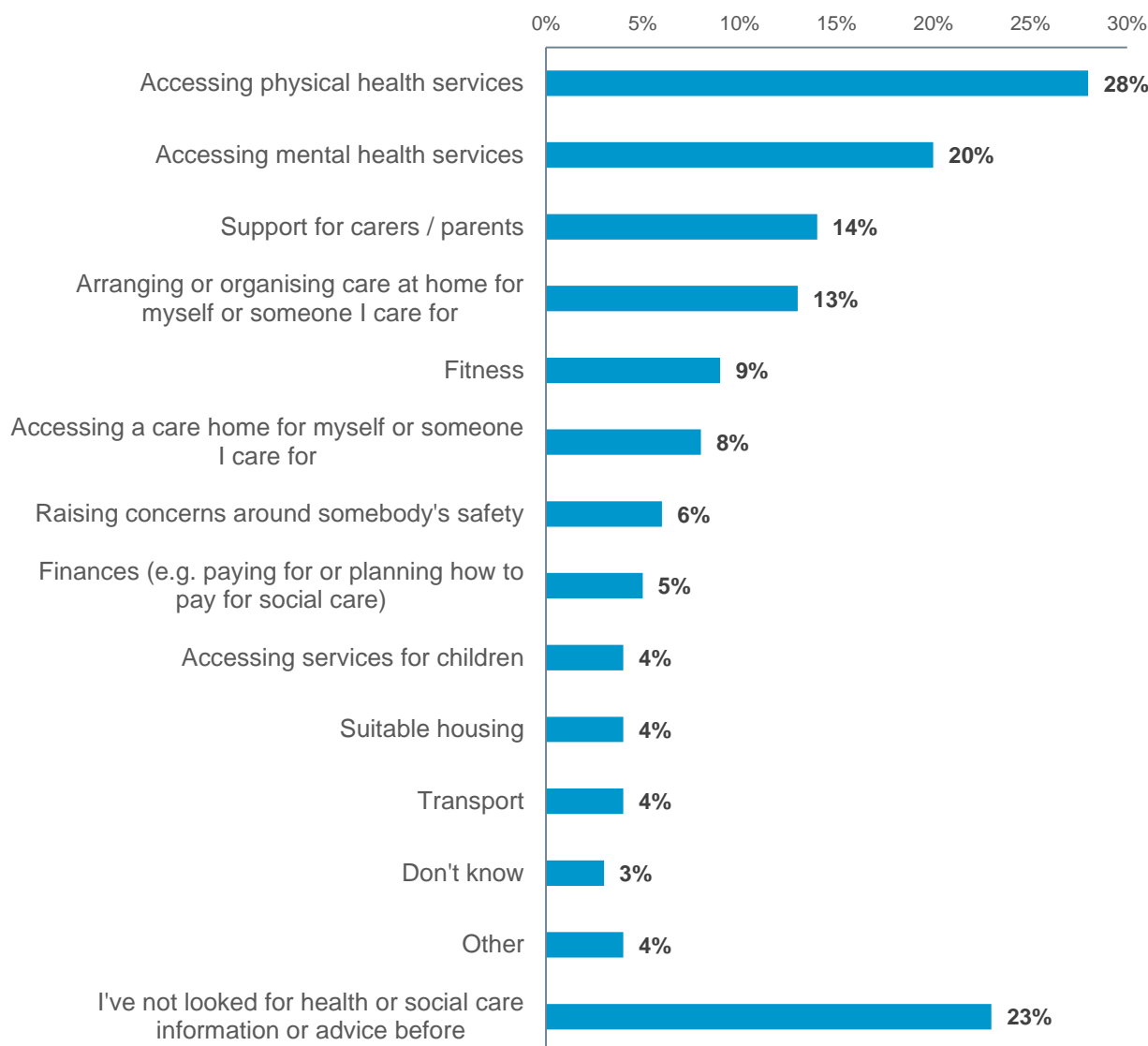


Respondents were next asked what they were looking for when they last searched for health and social care information and advice. The most common response was accessing physical health services at 28%, followed by 20% of respondents who had looked for accessing mental health services and a further 14% who had looked for support for carers or parents.

Almost a quarter (23%) had not looked for health and social care information and advice before. The full range of responses are shown in Figure 22.

Figure 22 – When you last looked for health or social care information and advice, what were you looking for?

Base: Those who gave an answer (203)



Example verbatim of other responses provided include:

“Symptoms of illness.”

“Looked for information about asthma medication.”

“Location of appointment and parking.”

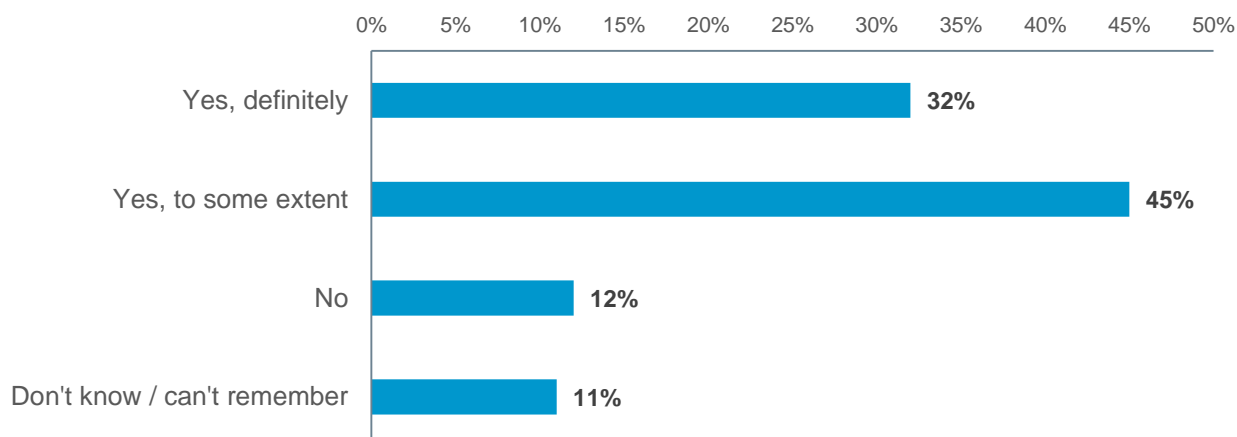
Subgroup analysis shows that those aged 44 or younger were more likely to have looked for accessing mental health services (45%) compared to those aged 65 and above (5%). Similarly, younger respondents were more likely to have looked for fitness related information (28 % of 18 – 44 year olds, 11% of 45 – 64 year olds and no respondents aged 65 and above). Females were more likely to have looked for support for carers or parents than males (17% compared with 9%). Respondents who had a disability or impairment were more likely to have looked for information and advice about accessing physical health services (34%) and about accessing mental health services (28%) when compared with those without a disability or impairment.

Quality of information and advice

The final part of the survey asked respondents about the quality of current information and advice provision throughout North East Lincolnshire. Just over three quarters (77%) of respondents said that they had found the health or social care information and advice they were looking for the last time they searched (32% definitely and 45% to some extent).

Figure 23 – The last time you looked for health or social care information and advice, did you find the information and advice you were looking for?

Base: Those who gave an answer (170)



Respondents aged 65 and above were most likely to answer that they definitely found the information and advice they were looking for when compared with younger respondents (40% compared with 23% of 18 – 44 year olds). Those without a disability or impairment were more likely to say that they found the information and advice they were looking for than those who did have one (84% compared with 73%).

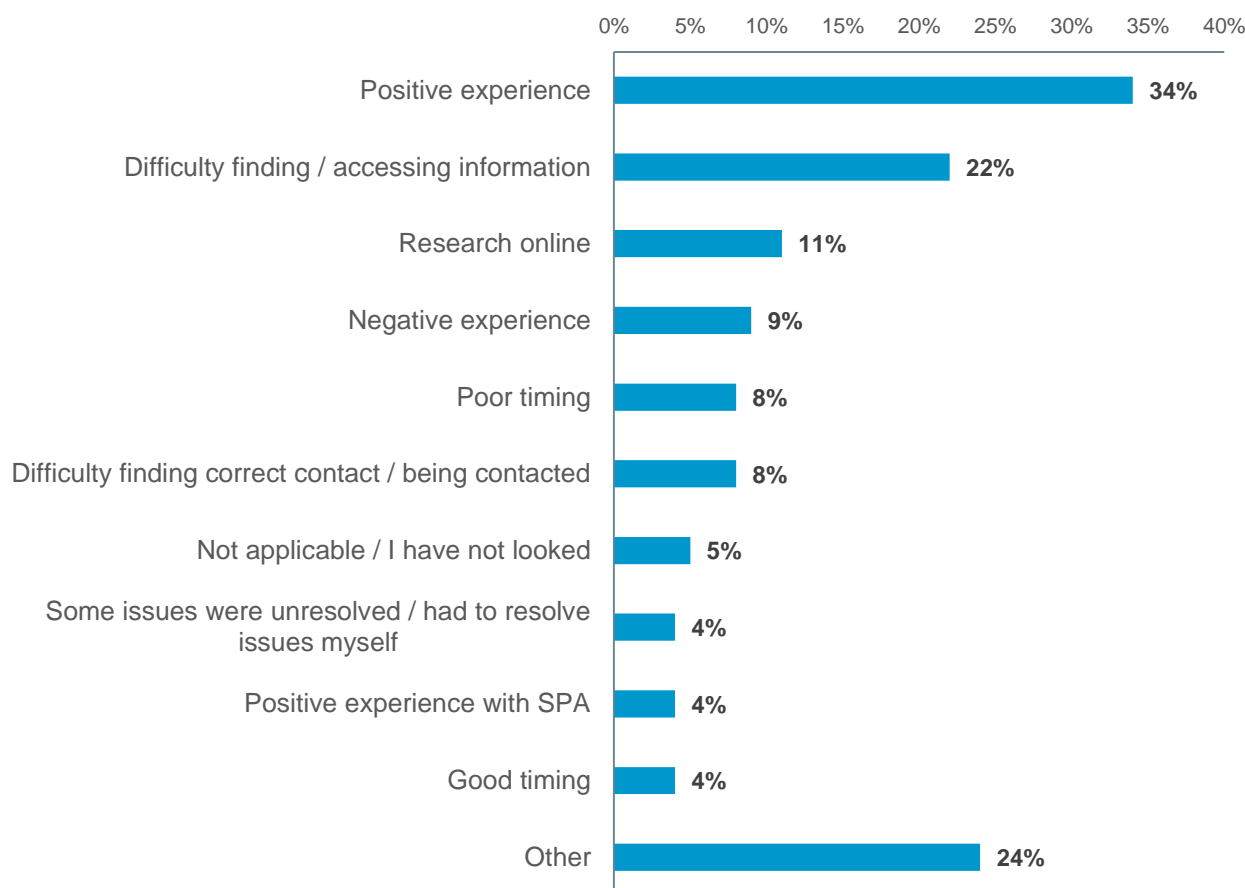
Respondents were then invited to provide comments on their experience regarding the last time they looked for health or social care information and advice, whether it was positive or negative. As with previous questions, these responses have been coded into similar themes and are presented in the chart below.

It is encouraging to note that the most common theme (34%) was that respondents had a positive experience. Other complimentary responses included respondents suggesting that they had a positive experience with the SPA and good timing (both 4%).

One in eleven (9%) said that they had had a negative experience and some respondents suggested specific issues that they had encountered when they last looked for health or social care information and advice. For example, 22% said they had difficulty finding or accessing information. Other issues mentioned included poor timing and difficulty finding the correct contact or in being contacted (both 8%). Just 5% stated that this was not applicable to them or they had not looked.

Figure 24 – Regarding the last time you looked for health or social care information and advice, please tell us more about your experience.

Base: Those who gave an answer (91)



Example verbatim responses include:

“All I can say is it was positive.” (Positive experience)

“Good experience, got the assistance I needed.” (Positive experience)

“Positive – getting relevant information on child development, referring to other service and finding out services to help people.” (Positive experience)

“I used the SPA for a relative and the advice, help and professionalism was first class.”
(Positive experience with SPA)

“Needed advice for a friend from single point of access and was quickly given required information.” (Positive experience with SPA and Good timing)

“Concern about neighbour, contacted team re mental health and a potential safeguard was averted thanks to prompt action.” (Positive experience and Good timing)

“Negative experience as unable to obtain badge for disabled parking.” (Negative experience)

“It’s usually negative. The system makes it very difficult to obtain some services (for which budgets are limited, such as mental health care).” (Negative experience and Difficulty finding / accessing information)

“Some information (like healthcare – pregnancy) is easy to find. Other info, like accessing mental health options or carers services is hard to find [sic] or out of date, particularly the dementia info.” (Difficulty finding / accessing information)

“It took a little while and 2/3 phone calls to reach the relevant person / department but once there it was good, helpful information.” (Positive experience and Poor timing and Difficulty finding correct contact / being contacted)

“I tried to get in touch with the Social Worker. They were on leave. I asked for another person to give me advice twice. No one came back to me!” (Difficulty finding correct contact / being contacted)

Where two or fewer respondents gave the same or similar response, these responses have been coded as ‘other’. In total, 22 respondents gave an ‘other’ response, with the majority of these detailing specific comments relating to their personal experience. Example verbatim of such responses provided include:

“Talked with complaints officer CCG.”

“Health advice is much easier to find and feels more professional.”

“Can prove frightening if it indicates serious illness or symptoms. There should be a person at your surgery who could discuss your concerns within a suitable time frame.”

“I joined the local gym, Lincs Inspire.”

“Care home reports are not a full reflection of care provided.”

“It was a cancer problem, identified through regular blood checks at my GP. The specialist I went to see did an excellent job but the support services for test analysis left something to be desired.” (Also coded as Positive experience and Negative experience)

Male respondents were more likely to suggest that they had difficulty finding or accessing the information than females (39% compared with 17%). Those aged between 18 and 44 were also most likely to state this response when compared with other age groups (38% of 18 – 44 years old, 24% of 45 – 64 years old and 9% of 65 and above). Respondents without a disability or impairment were more inclined to say that they had had a positive experience (39%) when compared to those with a disability or impairment (29%).

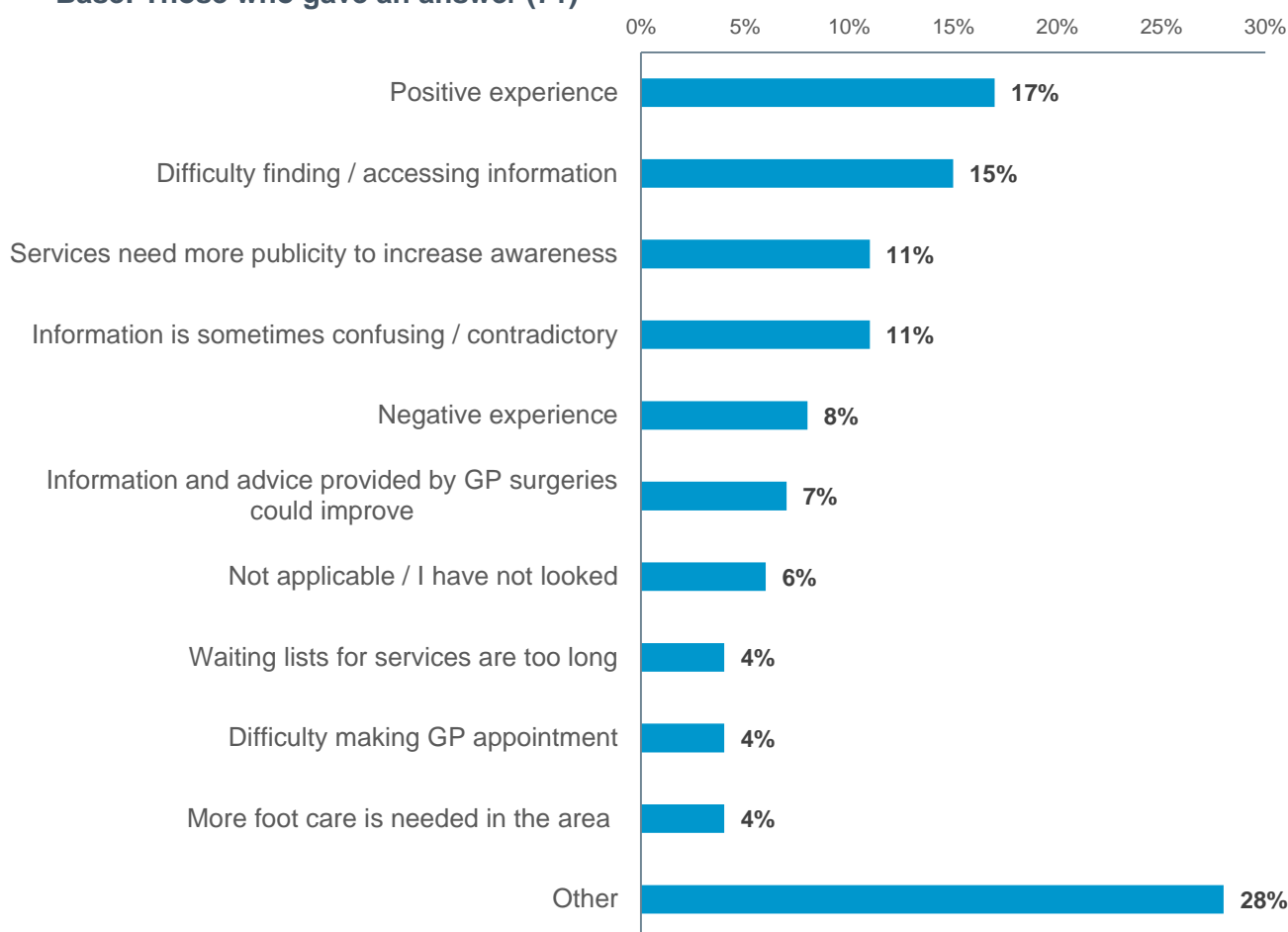
Finally, respondents were asked to provide any further comments about the provision of health and social care information and advice in North East Lincolnshire. As with the previous question, the most common response (17%) was that respondents had a positive experience.

Some respondents provided suggestions about both the provision of health and social care information and advice, as well as the healthcare system. For example, 11% suggested that services needed more publicity to increase awareness and a further 7% felt that the information and advice provided in GP surgeries could improve.

Respondents also used this opportunity to voice their concerns, with 15% stating that they had difficulty finding or accessing information and 11% who said that information is sometimes confusing or contradictory.

Figure 25 – Please tell us anything else about the provision of health and social care information and advice in North East Lincolnshire.

Base: Those who gave an answer (71)



Example verbatim responses include:

“Currently my experience has been good, no complaints.” (Positive experience)

“I believe that all professionals do their best to provide services.” (Positive experience)

“To date when needed I have received excellent health care in North East Lincolnshire, fortunately as yet, I have not needed social care.” (Positive experience)

“I think the SPA needs further advertising as many people I know have never heard of it.” (Services need more publicity to increase awareness)

“I think there should be a regular advert on how to access what in the Grimsby Evening Telegraph, as many older people still use that as their preferred medium.” (Services need more publicity to increase awareness)

“The DPOW hospital is second to none [sic]. It’s the GP practices that need to look at things as a patient rather than looking what is best for the business side for the doctors.” (Information and advice provided by GP surgeries could improve)

“I think GP surgeries should be more proactive in asking the questions “how are things?” “do you need any support?” before you get to crisis point.” (Information and advice provided by GP surgeries could improve)

“Obtaining access to mental health services can be very difficult even when there is an obvious and paramount need.” (Difficulty finding / accessing information)

“Either can’t find the information or too much information that appears to be contradictory.” (Difficulty finding / accessing information and Information is sometimes confusing / contradictory)

The full range of coded responses are shown in Figure 25.

Again, where two or fewer respondents suggested the same response these were coded as ‘other’. The majority of other responses highlighted problem areas of the current information and advice offering, or included suggestions for the future and issues specific to the respondent. Example verbatim of responses given include:

“It varies according to who is involved. Some health professionals are more forthcoming with advice and information than others.”

“Specialist housing for the disabled doesn’t seem to exist.”

“It is very stressful and all boils down to money instead of the person’s needs.”

“Mental health needs more funding – crisis team support is rubbish.”

“More needs to be done about access [sic] to fitness for all in area.”

“I know who helps with my ill health but I know little about the variety of people who might help with other care needs if they emerged.”

“Why does health and social care only cover between Grimsby and Immingham? What about Caistor, Holten-le-Clay which are as close to Grimsby as Immingham. Why can’t we have just local services for Grimsby and Cleethorpes. In other words why do we have N E Lincs, or Humber area? Why not just Lincs, like Louth?”

A larger proportion of males suggested that they had a positive experience than females (24% compared with 11%). It is interesting to note that no respondents aged between 18 and 44 years old suggested that they had a positive experience. Those without a disability or impairment were more likely than those with one to state that the information is sometimes confusing or contradictory (14% compared with 8%), whilst respondents with a disability or impairment were more inclined to suggest that they had difficulty finding or accessing information (23% compared with 10% of those without a disability or impairment).

Respondent profile

Figures 26 to 34 represent the demographic data of survey respondents. Not all respondents provided this information when completing the survey, so the base size for each question varies.

Figure 26 – Are you a member of Accord the North East Lincolnshire community network?

Base: Those who gave an answer (122)

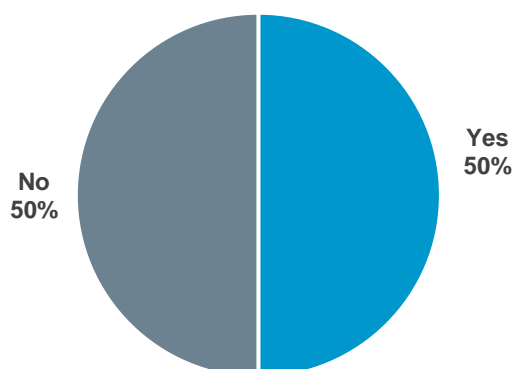


Figure 27 – Ethnicity

Base: Those who gave an answer (190)

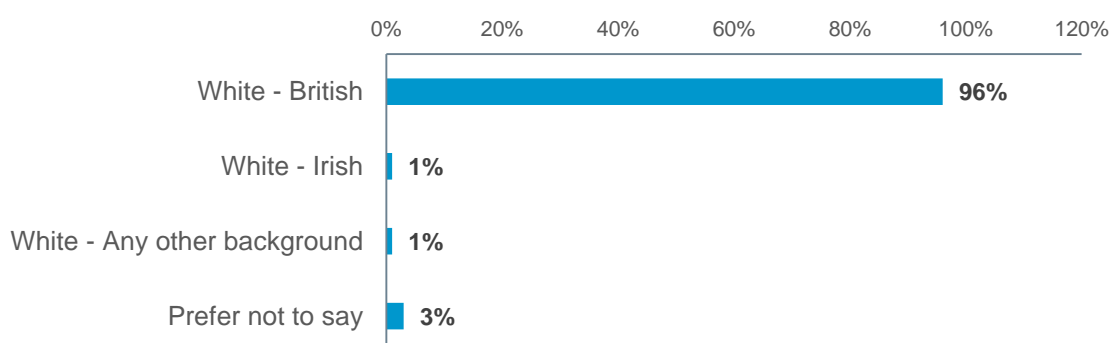


Figure 28 – Age

Base: Those who gave an answer (162)

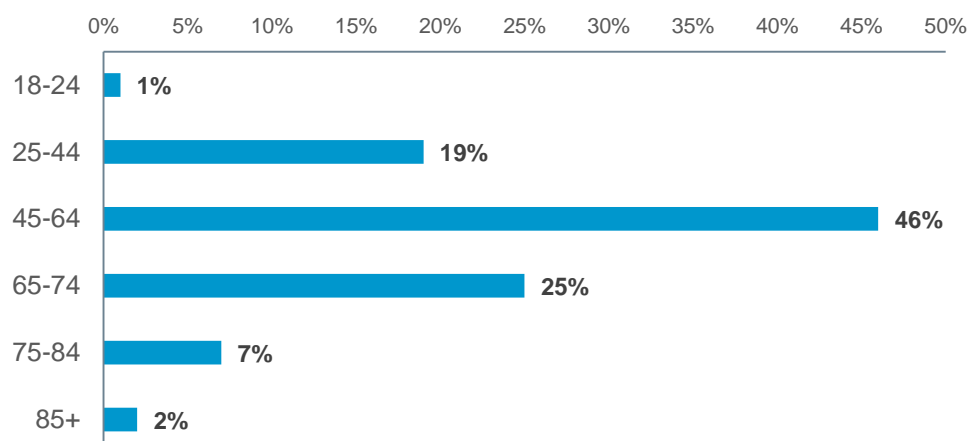


Figure 29 – Gender

Base: Those who gave an answer (183)

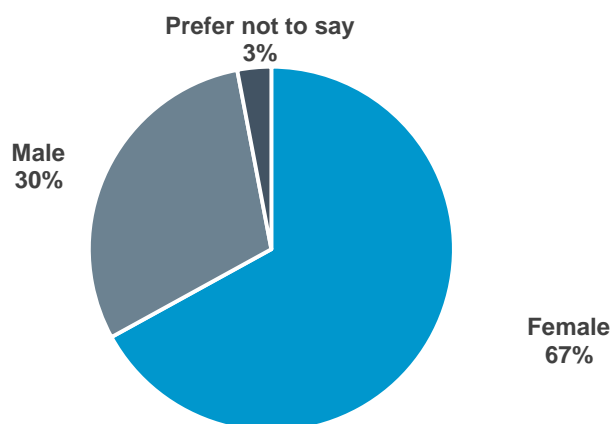


Figure 30 – Have you gone through any part of a process (including thoughts or actions) to change from the sex you were described as at birth to the gender you identify with, or do you intend to?

Base: Those who gave an answer (177)

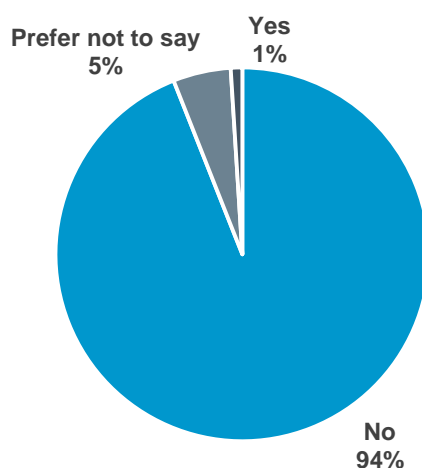


Figure 31 – Sexual orientation

Base: Those who gave an answer (168)

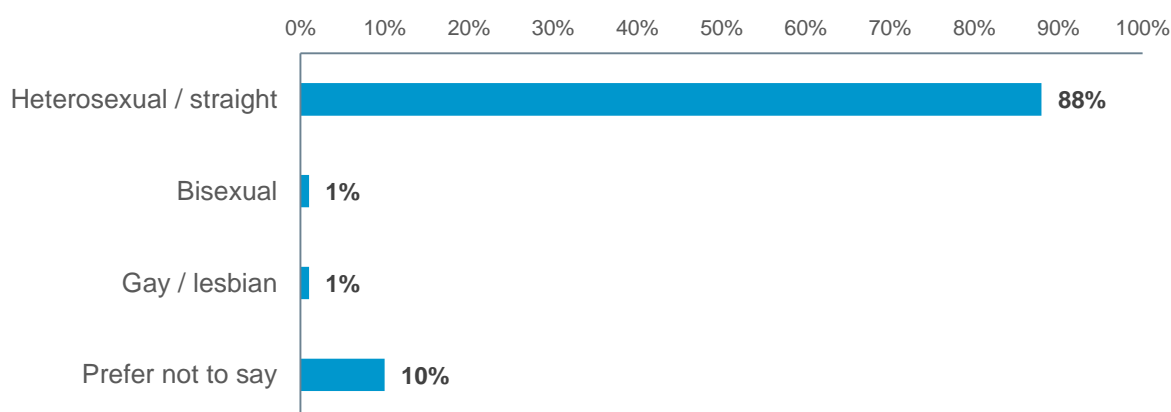
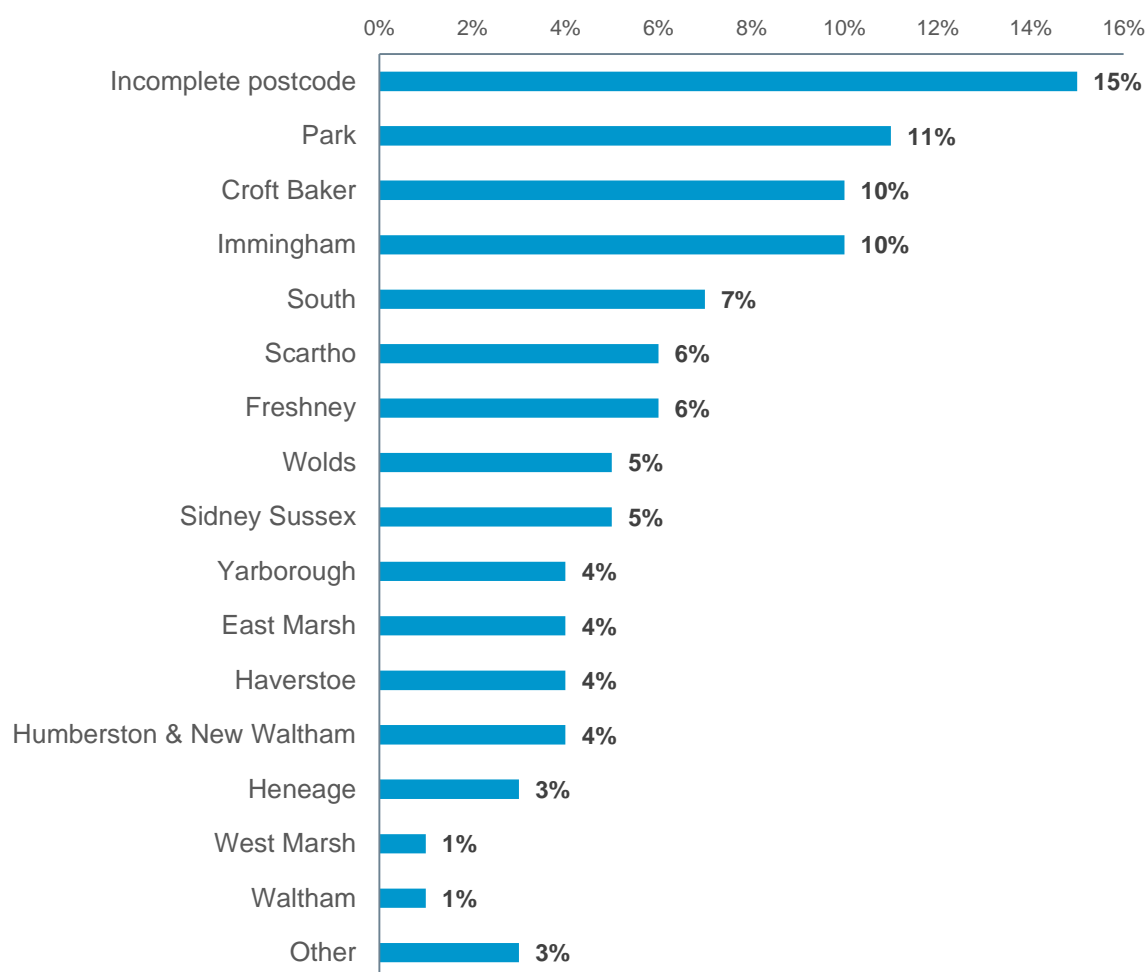


Figure 32 – Ward
Base: Those who gave an answer (151)



Where respondents only provided part of their post code and their ward could therefore not be identified, these responses have been coded as 'incomplete'. Responses coded as 'other' include post codes from the wider Lincolnshire area and respondents indicating that they live outside of North East Lincolnshire.

Figure 33 – Religion or belief
Base: Those who gave an answer (182)

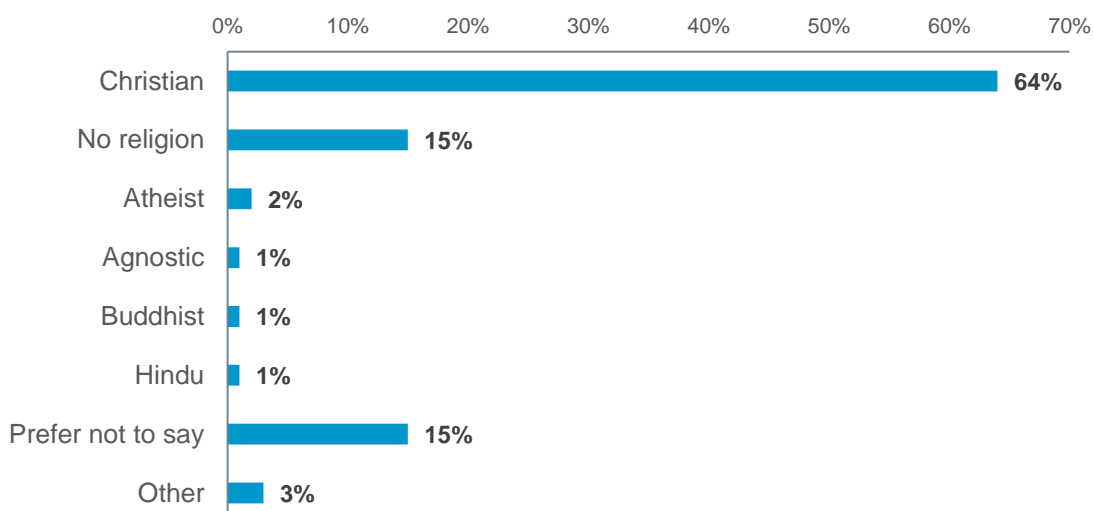
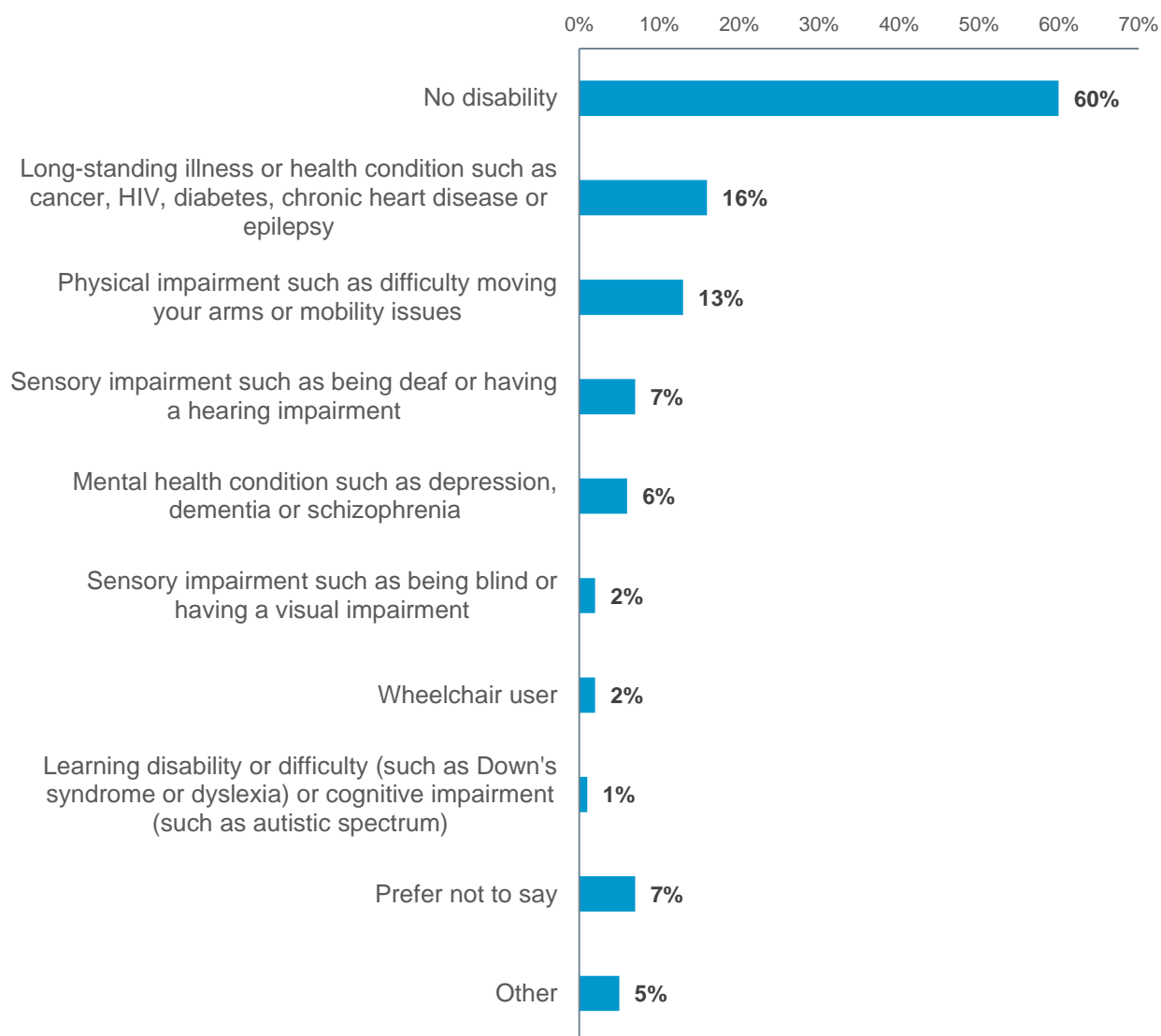


Figure 34 – Disability
Base: Those who gave an answer (183)



Key Findings and Conclusions

People are more likely to have looked for health care information and advice than social care information and advice

When asked where or from whom they usually look for both health and social care information and advice, a larger proportion (22%) of respondents stated that they had never looked for social care information and advice than those who said they had never looked for health information and advice (3%).

Most people only look for health and/or social care information and advice when they need assistance, however those with a disability or impairment look more frequently

The survey findings show that the majority (58%) of respondents only look for health and/or social care information and advice when they need assistance. Respondents who indicated that they did have a disability or impairment were more likely to look more frequently than those without a disability or impairment. For example, 7% of those with a disability or impairment looked for information and advice two to four times a month, compared to 4% of those without a disability or impairment. Similarly, 12% of those with a disability or impairment indicated that they look for information and advice once a month compared to 6% of those without.

Most people would rather seek professional help or talk to someone when looking for information and advice, but the internet is a popular way of looking for both health and social care information and advice particularly for people from younger age groups

The majority (73%) of respondents said they usually look for health information and advice at their GP surgery or Primary Care Centre. Other popular places where respondents looked for health information and advice included from a pharmacist (45%), from a nurse or other health professional (39%), family and friends (32%) and patient organisations (12%). These responses all rely on the respondent seeking information and advice from a person rather than researching the information for themselves.

Similarly, when respondents were asked where or from whom they usually look for social care information and advice, the most popular responses included the GP surgery or Primary Care Centre (39%), a social worker or health professional (32%), family and friends (28%) and peer support organisations (23%).

However, it should be noted that a large proportion of respondents also stated that they have looked for both health and social care information and advice via the internet and websites. Just over three in five (63%) said that they usually look for health information and advice on the internet, whilst 42% gave this response, which was also the most common response, in relation to social care information and advice.

Younger respondents were more likely to look for health information and advice on the internet or websites than older respondents (81% of 18 – 44 years old, 82% of 45 – 64 years old and 41% aged 65 years and above). Websites were also the preferred way to receive health and social care information and advice, with 52% of respondents aged 44 or below selecting this option.

Most people are confident that they can find trustworthy sources of health and social care information in North East Lincolnshire and advice, but there is room for improvement

Four in five (79%) respondents suggested that they agreed to some extent that they can find trustworthy sources of information and advice about their health and social care if they needed to (21% strongly agree and 58% agree). The most common reasons given by respondents who agreed that they could find trustworthy sources of information and advice were that they have confidence or trust in the healthcare system and professionals (22%) and that respondents were confident in their own ability to source information and advice (20%).

Whilst this result is positive, the survey results highlight that some respondents who agreed they could find trustworthy sources also had reservations. For example, 14% suggested that seeking the correct information or contact can be difficult, 4% said that GPs are disinterested or that they had had a bad experience at a GP surgery and a further 2% felt that the information provided is sometimes contradictory. This suggests that there was room for improvement in terms of ensuring ease of access to information for everyone, but respondents are on the whole quite confident that they can find trustworthy sources of health and social care information and advice when required.

Main barriers identified for obtaining health and social care information and advice are finding and accessing the information and advice, and difficulty getting in contact with a health or social care professional

Respondents suggesting that they had difficulty in finding or accessing information was a common theme throughout the survey findings. This was the most common response (48%) amongst those who said that they could not find trustworthy sources of health and social care information and advice, along with difficulty in finding the correct contact. When asked about the last time they looked for health or social care information and advice, 22% of respondents also said that they had difficulty in finding or accessing information and advice, as well as 15% of respondents also suggesting this when asked to provide any other comment about the provision of health and social care information and advice in North East Lincolnshire.

The survey findings also suggest that respondents found it difficult to get in contact with, or be contacted by, a health professional in order to obtain health and social care information and advice. In addition to 48% of respondents who suggested that they had difficulty in finding the correct information or contact (as mentioned above), a further 8% suggested that they had difficulty finding the correct contact or being contacted when asked about the last time they looked for health or social care information and advice.

There is clarity about where to find health care information and advice, but some uncertainty about where to seek social care information and advice

When respondents were asked where they usually look for health information and advice, as well as what they would do if they woke up tomorrow feeling unwell or in pain, it was clear that most respondents would visit their GP. Almost three quarters (73%) said they usually look for health information and advice from their GP surgery or Primary Care Centre and 45% indicated they would make a GP appointment if they felt unwell or were in pain.

However, when asked about looking for social care information and advice and what respondents would do if themselves or a person they care for needed social support, just over two in five respondents (42%) said that they would look for social care information and advice on the internet, whilst just over a quarter (27%) suggested that they would call the SPA. A

further 8% stated that they did not know what they would do. These findings suggest that people may be more confident in where to obtain health information and advice, than where to go for social care.

People’s opinion of the health and social care information and advice offering in North East Lincolnshire is largely positive, however some constructive criticism and suggestions were made by a small proportion of respondents

Respondents’ perceptions of the health and social care information and advice available to them in North East Lincolnshire was largely positive. The majority of respondents (79%) agreed to some extent that they could find trustworthy sources of health and social care information and advice. Furthermore, 77% also said that they found the health or social care information and advice they were looking for the last time they searched.

The most common reasons given by respondents were that they had a positive experience when asked about the last time they looked for health or social care information and advice (34%), in addition to being asked to provide any other comments about the provision of health and social care information and advice in North East Lincolnshire (17%).

It is also important to note that 4% of respondents specifically felt that they had a positive experience with the SPA.

A small proportion of respondents offered constructive criticism and suggestions in regards to the provision of health and social care information and advice in North East Lincolnshire. For example, 8% stated that they experienced poor timing the last time they looked for health or social care information and advice and a further 4% said that some issues were unresolved or that they had to resolve some issues themselves.

One in fourteen (7%) suggested that information and advice provided by GP surgeries could improve, whilst other comments included that waiting lists are too long, difficulty making GP appointment and more foot care is needed in the area (all at 4%).

Appendix A

Questionnaire

HEALTH & WELLBEING INFORMATION AND ADVICE IN NORTH EAST LINCOLNSHIRE

What is the survey about?

North East Lincolnshire Council and North East Lincolnshire Clinical Commissioning Group want everyone in the local area to experience a good quality of life and wellbeing. One way that we want to improve people's wellbeing is by ensuring that they have access to high quality information and advice about **health and social care**. Health information can help you make positive choices to stay mentally and physically fit. Social care information can help you find support, if you need it, to stay safe, and be as independent as possible (at home or in residential care, for example).

We want to understand what you know and what you think about the information and advice that you access and receive about health and social care. We will use what you tell us to develop a plan to help ensure that you get the right information and advice as and when you need it, to help support your wellbeing.

For more information on what we mean by 'wellbeing' please visit our website <http://www.northeastlincolnshireccg.nhs.uk/your-health-wellbeing/wellbeing/>

Who should complete the questionnaire?

The survey can be completed by anyone that lives, works or studies in North East Lincolnshire, or who has a GP in North East Lincolnshire.

Completing the questionnaire

For each question please cross clearly inside one box. For some questions you will be instructed that you may cross more than one box. Don't worry if you make a mistake; simply fill in the box and put a cross in the correct box.

Sometimes you will find the box you have crossed has an instruction to go to another question. By following the instructions carefully you will miss out questions that do not apply to you.

Please **do not** write your name or address anywhere on the questionnaire, unless you wish to take part in further research (see the end of the questionnaire).

If you would like to complete the questionnaire online go to:
www.surveymonkey.co.uk/r/HWBIAG2

Questions or help?

If you have any queries about the questionnaire, or wish to discuss information and advice in more detail please call our helpline number on 0300 3000 563.

Taking part in this survey is voluntary. Your answers will be treated in confidence.

1. What does the phrase 'wellbeing' mean to you? (**Cross ALL boxes that apply**)

- Physical health
- Mental health
- Being treated with respect
- Feeling safe
- Having control of your life
- Being able to work, learn or train
- Living in the right place for you
- Good relationships and friendships
- Contributing to the community
- Other (please specify)

There is a wide variety of different sources of health and social care information and advice available for people living in North East Lincolnshire.

2. How often do you look for health and / or social care information and advice? (**Cross ONE box only**)

- Once a week or more
- 2-4 times a month
- Once a month
- Less than once a month
- Only when I need assistance
- Never
- Don't know

3. Where or from whom do you usually look for **HEALTH** information and advice? (**Cross ALL boxes that apply**)

- GP surgery / Primary Care Centre
- Internet / websites
- Leaflets / books
- Social media
- Nurse / other health professional
- Family and friends
- Newspapers / magazines
- Pharmacist
- Patient organisations
- Advice / Community Centres
- Television or radio
- Advertisements
- Information over the telephone (please specify)

- Don't know
- None of the above / I don't look for health information
- Other (please specify)

4. Where or from whom do you usually look for **SOCIAL CARE** information and advice? (**Cross ALL boxes that apply**)

- GP surgery / Primary Care Centre
- Internet / websites
- Leaflets / books
- Social media
- Social worker / health professional
- Family and friends
- Newspapers / magazines
- Pharmacist
- Peer / support organisations
- Advice / Community Centres
- Television or radio
- Advertisements
- The police
- The Council
- Citizen's Advice Bureau
- Information over the telephone (please specify)

- Don't know
- None of the above / I don't look for social care information
- Other (please specify)

5. "I am confident I can find trustworthy sources of information and advice about my health and social care if I need to."

To what extent do you agree with this statement? (**Cross ONE box only**)

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know

6. Please tell us more about your answer to Q5 such as why you feel this way.

7. How do you prefer to receive information and advice regarding health and social care? (**Cross ONE box only**)

- Websites
- Telephone conversations
- Text service (SMS)
- Web chat (Instant messaging)
- Social media
- Leaflets / booklets
- Face to face conversations
- Apps (for smartphones and tablets)
- Don't know
- Other (please specify)

8. Which of the following websites did you last use to look for health or social care information and advice in the last six months? (**Cross ALL boxes that apply**)

- GP practice website
- Local hospital website
- NHS Choices website
- Oneyou website
- Adult Single Point of Access (SPA)
- Services4.me.uk website
- Local council website
- None of the above / I have not used a website to look for information and advice → **Go to 10**
- Don't know
- Other (please specify)

9. How would you rate the information and advice available on this website? (**Cross ONE box only**)

- Excellent
- Good
- Fair
- Poor
- Very poor
- I have not used any of them
- Don't know / can't remember

10. Do you access information and advice to help you plan for current or future health and / or social care needs?

- Yes
- No

11. Please tell us more about your answer to Q10.

We would now like you to think about what you would do if you woke up tomorrow **feeling unwell** or in pain.

12. What would you do first? (**Cross ONE box only**)

- Go to A&E
- Make a GP appointment
- Search for my condition / pain on the internet (i.e. using Google, Bing or other search engine)
- Consult the NHS Choices website
- Consult my GP practice's website
- Call the adult Single Point of Access (SPA)
- Call the Families First Access Point
- Speak to family and friends
- Contact my named nurse / paid carer / care practitioner
- Don't know
- Do nothing and see if it goes away
- Other (please specify)

13. Why would you do this first? (**Cross ALL boxes that apply**)

- This is the quickest way of getting the appropriate information and advice
- I trust the quality of information and advice from here
- I do not know where else to go
- Don't know
- Other (please specify)

We would now like you to think about your **social care** needs or those of a person you may care for.

14. If you thought you or a person you care for needed social care support, what would you do first? (**Cross ONE box only**)

- Go to A&E
- Make a GP appointment
- Search for my circumstances on the internet (i.e. using Google, Bing or other search engine)
- Consult the NHS Choices website
- Consult my GP practice's website
- Call the adult Single Point of Access (SPA)
- Call the Families First Access Point
- Speak to family and friends
- Contact my named nurse / paid carer / social care practitioner
- Don't know
- Do nothing
- Other (please specify)

15. Why would you do this first? (**Cross ALL boxes that apply**)

- This is the quickest way of getting the appropriate information and advice
- I trust the quality of information and advice from here
- I do not know where else to go
- Don't know
- Other (please specify)

16. When you last looked for health or social care information and advice, what were you looking for? (**Cross ALL that apply**)

- Accessing a care home for myself or someone I care for
- Arranging or organising care at home for myself or someone I care for
- Accessing physical health services
- Accessing mental health services
- Accessing services for children
- Finances (for example, paying for or planning how to pay for social care)
- Support for carers / parents
- Transport
- Fitness
- Suitable housing
- Raising concerns around somebody's safety (Safeguarding)
- I've not looked for health or social care information and advice before
➔ **Go to 19**
- Don't know
- Other (please specify)

17. The last time you looked for health or social care information and advice, did you find the information and advice you were looking for?

- Yes, definitely
- Yes, to some extent
- No
- Don't know / can't remember

18. Regarding the last time you looked for health or social care information and advice, please tell us more about your experience (positive or negative).

19. Please use the box below to tell us anything else about the provision of health and social care information and advice in North East Lincolnshire.

ABOUT YOU

This section is optional and you do not have to provide details about you as an individual. However, by doing so, you are helping us to determine if we have reached a true representation of the local population and if that affects the responses that are given. You do not need to give personal information which can identify you, such as your name or address, unless you wish to participate in further research (see end of questionnaire).

20. What is your postcode?

(Please write in) e.g. LN4 2HN

--	--	--	--	--	--	--	--

21. What was your **year** of birth?

(Please write in) e.g.

1	9	3	4
---	---	---	---

Y	Y	Y	Y
---	---	---	---

22. What is your gender? (**Cross ONE box only**)

- Male
- Female
- Prefer not to disclose
- Other (please specify)

23. Have you gone through any part of a process (including thoughts or actions) to change from the sex you were described as at birth to the gender you identify with, or do you intend to? (This could include changing your name, wearing different clothes, taking hormones or having any gender reassignment surgery)? **(Cross ONE box only)**

- Yes
- No
- Prefer not to disclose

24. Which of the following best describes how you think of yourself? **(Cross ONE box only)**

- Heterosexual / Straight
- Gay / Lesbian
- Bisexual
- Prefer not to say
- Other (please specify)

25. What is your religion? **(Cross ONE box only)**

- Christian
- Muslim
- Buddhist
- Jewish
- Sikh
- Hindu
- No religion
- Prefer not to say
- Other (please specify)

26. Do you consider yourself to have a disability? **(Cross ALL boxes that apply)**

- No
- Sensory impairment such as being blind or having a visual impairment
- Sensory impairment such as being deaf or having a hearing impairment
- Learning disability or difficulty (such as Down's syndrome or dyslexia) or cognitive impairment (such as autistic spectrum disorder)
- Mental health condition such as depression, dementia or schizophrenia
- Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy
- Physical impairment such as difficulty moving your arms or mobility issues
- Wheelchair user
- Prefer not to say
- Other

27. What is your ethnic group? (Cross ONE box only)

WHITE

- British
- Irish
- Any other White background

MIXED / MULTIPLE ETHNIC GROUPS

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed / multiple ethnic background

ASIAN / ASIAN BRITISH

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH

- African
- Caribbean
- Any other Black / African / Caribbean background

OTHER ETHNIC GROUP

- Arab
- Chinese
- Any other ethnic group, (please specify)

- Prefer not to say

If you are willing to take part in further research about information and advice, please provide your contact details below (your contact details will be kept separate from the responses given above).

NAME

TELEPHONE NUMBER

EMAIL ADDRESS

THANK YOU VERY MUCH FOR TAKING PART IN THE SURVEY

Please check that you answered all the questions that apply to you.

**Please post this questionnaire back to the FREEPOST address below. No stamp is needed.
Please return the questionnaire by 31st August 2016.**

**FREEPOST RSSJ-SABB-KKUZ
NL/NEL CCG ENGAGEMENT
5 Saxon Court, Europa Park
GRIMSBY
DN31 2UJ**