

The Holsworthy Community Involvement Group is people from the area including local councillors, representatives from the League of Friends, Rotary Club, voluntary sector and members of the community.

We want to help shape future health and wellbeing services. We are working with the NHS commissioners and providers, social and voluntary sectors to do this. We want to find out what is needed in our communities to properly support health and wellbeing and the survey is one way to do this.

It is part of a wider project to understand local needs which will involve listening to people in groups to get greater understanding.

This survey is aimed at anyone living in the Holsworthy and surrounding area aged 18 and over. We will be talking to children under 18 as part of our future face to face engagement.

Please take 10 minutes or as long as needed to complete the survey. The survey can be completed online (www.surveymonkey.co.uk/r/Holsworthyarea) or, if you do not have access to the internet, on paper.

Paper surveys can be collected and returned at:

- Holsworthy Library
- Town and district council offices
- Holsworthy Hospital
- GP practices
- Post offices

1. What is your postcode?

You don't have to give this, but it will help us to see who we are reaching in the area

Your health and social care priorities

2. Our local group identified some priorities. Do you think these are the right ones for Holsworthy and the area? Please tick all those you feel are important to the area

- | | |
|--|--|
| <input type="checkbox"/> Loneliness and social isolation | <input type="checkbox"/> Service for young people and children |
| <input type="checkbox"/> End-of-life care | <input type="checkbox"/> Services within your own home |
| <input type="checkbox"/> Holsworthy hospital services | <input type="checkbox"/> Support for carers and families |
| <input type="checkbox"/> Travel and transport | <input type="checkbox"/> Health information and healthy lifestyles |
| <input type="checkbox"/> Other | |

Loneliness and social isolation

3. Do you feel that you are lonely or socially isolated?

- Yes No (Go to question 5)

4. If 'Yes', what do you think would help most?

Please score in order of most helpful (1) to least helpful (9)

- | | |
|---|--|
| <input type="checkbox"/> Joining community activities
(eg choir or photography club) | <input type="checkbox"/> Receiving support from voluntary
services (eg befriending) |
| <input type="checkbox"/> Help getting to community activities
(eg community transport service) | <input type="checkbox"/> Information about what is going on in
your community |
| <input type="checkbox"/> Volunteering to help others | <input type="checkbox"/> Help using IT |
| <input type="checkbox"/> Adult education | <input type="checkbox"/> Help with mental health |
| <input type="checkbox"/> Other | |

Healthy lifestyles

5. What helps you to lead a happier life?

Please score in order of most helpful (1) to least helpful (9)

- | | |
|--|--|
| <input type="checkbox"/> Having information on healthy eating | <input type="checkbox"/> Having help and information about sexual health |
| <input type="checkbox"/> Having opportunities to be more physically active | <input type="checkbox"/> Help with alcohol and substance misuse |
| <input type="checkbox"/> Having help and information on mental health issues | <input type="checkbox"/> Having someone who is a good role model |
| <input type="checkbox"/> Feeling safe and secure at home | <input type="checkbox"/> Help managing concerns about somebody in the family |
| <input type="checkbox"/> Other | |

6. Do you think you have a healthy lifestyle?

- Yes No Don't know

End-of-life care

7. Have you even considered how and where you would like to be cared for at the end of your life?

- Yes No

8. Thinking about what may be practical at the end of your life, what would be your preferred option regarding your place of care?

Please score in order of most preferred (1) to least preferred (6)

- | | |
|---|---|
| <input type="checkbox"/> In my own home | <input type="checkbox"/> In a family member's home |
| <input type="checkbox"/> In a hospice | <input type="checkbox"/> In a community hospital |
| <input type="checkbox"/> In a district general hospital | <input type="checkbox"/> In a residential or nursing home |

Services in your home

9. Do you receive support or services at home?

Yes

No (Go to question 14)

10. Who provides the care you have at home? Tick all that apply

NHS health services (district nurses, community nurses, physios, etc)

Social services

Private care services (paid for by you)

Voluntary services

Family or friends

Other

11. How many times do you have support in your own home from informal carers or family members?

Once a day

More than once a day

Once a week

2-3 times a week

Once a month or less

2-3 times a month

12. How many times do you have support in your own home from formal paid carers?

Once a day

More than once a day

Once a week

2-3 times a week

Once a month or less

2-3 times a month

13. Thinking about the services you receive, how well do you think they meet your needs?

How well does the personal/intimate care (washing/toileting) meet your needs?

Very well

Well

Adequately

Poorly

Does not

How well does the medical care meet your needs?

Very well

Well

Adequately

Poorly

Does not

How well does the social care meet your needs?

Very well

Well

Adequately

Poorly

Does not

How well does the companionship meet your needs?

- Very well Well Adequately Poorly Does not
-

How well does the emotional and mental health care meet your needs?

- Very well Well Adequately Poorly Does not

Support for carers

14. Are you a carer?

This is anyone who looks after a family member or friend who needs help because of their illness, frailty, mental health problem or an addiction and cannot cope without their support

- Yes, paid Yes, unpaid No (Go to question 18)

15. As a carer, which organisation do you work for?

- No one, I look after a family member Health service
 Care service Voluntary service
 Other

16. As a carer, what support do you find helpful? Tick all that apply

- Training in care skills (lifting) Financial advice
 Respite care for you Respite for the person you care for
 Home help (cooking, cleaning, laundry, shopping) Befrienders (for the person you care for)
 Emotional support Legal advice
 Someone to provide intimate personal care (washing, helping use the toilet) Information on available support and services
 Transport Other

17. Is this kind of help available to you?

- Yes No Don't know

Health information

18. Where do you/would you like to find information on help to you to stay healthy?

Tick all that apply

- | | |
|---|---|
| <input type="checkbox"/> Online websites | <input type="checkbox"/> Online social media (Twitter, Facebook, blogs) |
| <input type="checkbox"/> Friends and family | <input type="checkbox"/> Peer support groups |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Television |
| <input type="checkbox"/> Newspapers | <input type="checkbox"/> NHS face to face |
| <input type="checkbox"/> NHS websites | <input type="checkbox"/> Library |
| <input type="checkbox"/> Apps | <input type="checkbox"/> Other |

19. Where do you/would you like to find information to help you when you are not well? *Tick all that apply*

- | | |
|---|---|
| <input type="checkbox"/> Online websites | <input type="checkbox"/> Online social media (Twitter, Facebook, blogs) |
| <input type="checkbox"/> Friends and family | <input type="checkbox"/> Peer support groups |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Television |
| <input type="checkbox"/> Newspapers | <input type="checkbox"/> NHS face to face |
| <input type="checkbox"/> NHS websites | <input type="checkbox"/> Library |
| <input type="checkbox"/> Apps | <input type="checkbox"/> Other |

Holsworthy Hospital services

20. Did you know that Holsworthy Hospital is still open and offers a wide range of services?

- Yes No

21. When did you last go to Holsworthy Hospital?

- | | |
|--|---|
| <input type="checkbox"/> In the last month | <input type="checkbox"/> In the last year |
| <input type="checkbox"/> 18 months – 2 years ago | <input type="checkbox"/> 2 – 3 years ago |
| <input type="checkbox"/> 3 – 4 years ago | <input type="checkbox"/> 4 – 5 years ago |
| <input type="checkbox"/> More than 5 years ago | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Never | |

22. Please tell us why you were there? Tick all that apply

- | | |
|---|--|
| <input type="checkbox"/> As a patient (overnight or more) | <input type="checkbox"/> To attend a clinic/day unit appointment |
| <input type="checkbox"/> To attend a support group | <input type="checkbox"/> To attend a health-related class |
| <input type="checkbox"/> To visit a family member or friend | <input type="checkbox"/> Other |

Travel and transport

23. How would you normally get around the Holsworthy area?

- | | |
|--|---|
| <input type="checkbox"/> Own car/motorbike | <input type="checkbox"/> Lift in someone else's car/motorbike |
| <input type="checkbox"/> Taxi | <input type="checkbox"/> Bus |
| <input type="checkbox"/> Community transport | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Walk | <input type="checkbox"/> Mobility scooter |
| <input type="checkbox"/> Other | |

24. If you have had to go to a district general hospital or other service as a patient, how did you get travel there? Tick all that apply

- | | |
|--|---|
| <input type="checkbox"/> Own car/motorbike | <input type="checkbox"/> Lift in someone else's car/motorbike |
| <input type="checkbox"/> Taxi | <input type="checkbox"/> Bus |
| <input type="checkbox"/> Community transport | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Walk | <input type="checkbox"/> Hospital transport |
| <input type="checkbox"/> Ambulance | <input type="checkbox"/> Other |

25. If you have had to go to a district general hospital or other service to visit a patient, how did you travel there? Tick all that apply

- | | |
|--|---|
| <input type="checkbox"/> Own car/motorbike | <input type="checkbox"/> Lift in someone else's car/motorbike |
| <input type="checkbox"/> Taxi | <input type="checkbox"/> Bus |
| <input type="checkbox"/> Community transport | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Walk | <input type="checkbox"/> Hospital transport |
| <input type="checkbox"/> Ambulance | <input type="checkbox"/> Other |

About you

To help us understand the needs of different people, we do ask for some information about you. You do not need to answer these questions, but if you do, it helps us to provide a more accurate picture of the needs of the people in Holsworthy and the surrounding area to those whose job it is to see that these are met.

26. How old are you?

- | | | |
|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> 18-25 | <input type="checkbox"/> 26-35 | <input type="checkbox"/> 36-45 |
| <input type="checkbox"/> 46-55 | <input type="checkbox"/> 56-65 | <input type="checkbox"/> 66-75 |
| <input type="checkbox"/> 76-85 | <input type="checkbox"/> 85+ | <input type="checkbox"/> Prefer not to say |

27. How would you describe your ethnicity?

- | | | |
|---|--|---|
| <input type="checkbox"/> White British | <input type="checkbox"/> Asian British | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Afro-Caribbean British | <input type="checkbox"/> Afro-Caribbean | <input type="checkbox"/> Mixed heritage |
| <input type="checkbox"/> Gypsy/traveller | <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Other (please specify) |

28. How would you describe your gender?

- | | | |
|--|--|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Transgender man |
| <input type="checkbox"/> Transgender woman | <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Prefer to self-describe (please state) |

29. How would you describe your sexual orientation?

- | | | |
|--|--|---|
| <input type="checkbox"/> Heterosexual / straight | <input type="checkbox"/> Gay man | <input type="checkbox"/> Gay woman / lesbian |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Prefer to self-describe (please state) |

30. Do you have a disability?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

31. If so, what type of disability do you have? Tick all that apply

- | | | |
|--|--|---|
| <input type="checkbox"/> Physical | <input type="checkbox"/> Visual | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Mental illness issues | <input type="checkbox"/> Learning disability | <input type="checkbox"/> Cognitive disability |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Other (please specify) |

Next steps

If you would like to be invited to more focused discussions in the future, please leave your contact details below. We will not share these details with anyone and they will be managed separately from your survey answers so that these can remain anonymous.

Updates on our work are provided to the media and via the Holsworthy Town Council's Facebook site: www.facebook.com/holsworthytown.

Information is also available on NHS Northern, Eastern and Western Devon Clinical Commissioning Group's (NHS NEW Devon CCG) website: www.newdevonccg.nhs.uk/get-involved/holsworthy-community-involvement-103787.

32. Contact details

Name

Group/organisation
(if applicable)

Address 1

Address 2

Town

Postcode

Email address

Phone number

Thank you for completing this survey

Paper copies can be returned to:

Holsworthy Library

Town and district council offices

Holsworthy Hospital

GP practices (Holsworthy and Black Torrington)

Participating post offices