



**Northamptonshire’s Joint Health and Wellbeing Strategy 2016-2020  
(Draft)  
Supporting Northamptonshire to Flourish  
Consultation  
Facilitator Feedback Collection Form**

(Please Refer to draft strategy and the accompanying slide pack before completing this feedback form.)

|                            |  |
|----------------------------|--|
| Name of facilitator(s)     |  |
| Name of organisation/group |  |
| Date of meeting            |  |
| Number of participants     |  |

Which of the below customer categories best describes the participants?  
(Please tick (√) that apply)

- Older people
- Younger Adults
- Learning disability
- Physical disability
- Mental Health
- Carers
- Black or Minority Ethnic Group
- Prefer not to say

|                        |
|------------------------|
| Other (please specify) |
|                        |

Equality monitoring forms completed?  
(please refer to pages 9 and 10)

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

**Question 1**

**Our vision is to:**

**Help people help themselves, as individuals, families and communities, to improve health and wellbeing and reduce health inequalities.**

**Do you agree or disagree with the vision?**

Please tick (✓) relevant answer

|                           |                          |
|---------------------------|--------------------------|
| Strongly agree            | <input type="checkbox"/> |
| Agree                     | <input type="checkbox"/> |
| Neither agree or disagree | <input type="checkbox"/> |
| Disagree                  | <input type="checkbox"/> |
| Strongly disagree         | <input type="checkbox"/> |
| Don't know                | <input type="checkbox"/> |

**Please tell us why:**

## Question 2

### Priority 1: Every Child gets the Best Start

Our focus is ensuring children and young people:

- Are listened to about the issues that affect them and are part of the solution
- Develop the skills and tools to cope with life's challenges
- Are able to recognise when they need help and know who to ask for it
- Are surrounded by family, friends and teachers who promote healthy choices
- Grow into healthy adults

Do you agree or disagree with these five areas of focus?

Please tick (✓) relevant answer

|                           |                          |
|---------------------------|--------------------------|
| Strongly agree            | <input type="checkbox"/> |
| Agree                     | <input type="checkbox"/> |
| Neither agree or disagree | <input type="checkbox"/> |
| Disagree                  | <input type="checkbox"/> |
| Strongly disagree         | <input type="checkbox"/> |
| Don't know                | <input type="checkbox"/> |

Please tell us why:

If you disagreed with these please tell us what the Board should focus on.

### Question 3

#### Priority 2: Taking responsibility and making informed choices

Our focus is ensuring adults:

- Live full and enjoyable lives
- Develop the skills to help themselves
- Take opportunities to make exercise part of their daily routine
- Know how to access support to improve their health and wellbeing from First for Wellbeing and their community pharmacy
- Feel in control of their lives and their health
- Raise healthy children and support healthy older adults

Do you agree or disagree with these six areas of focus?

Please tick (✓) relevant answer

|                           |                          |
|---------------------------|--------------------------|
| Strongly agree            | <input type="checkbox"/> |
| Agree                     | <input type="checkbox"/> |
| Neither agree or disagree | <input type="checkbox"/> |
| Disagree                  | <input type="checkbox"/> |
| Strongly disagree         | <input type="checkbox"/> |
| Don't know                | <input type="checkbox"/> |

Please tell us why:

If you disagreed with these please tell us what the Board should focus on.

#### Question 4

#### Priority 3: Promoting Independence and Quality of Life for Older Adults

Our focus is ensuring older adults:

- **Feel valued as members of our community**
- **Are not left feeling lonely**
- **Get the support they need when and where and how they need it, from whomever they need it, to make sure they can get on with living a happy and healthy life**
- **Are heard and have their wishes respected, especially at the end of their life.**
- **And their carers are listened to and supported**

Do you agree or disagree with these five areas of focus?

Please tick (✓) relevant answer

|                           |                          |
|---------------------------|--------------------------|
| Strongly agree            | <input type="checkbox"/> |
| Agree                     | <input type="checkbox"/> |
| Neither agree or disagree | <input type="checkbox"/> |
| Disagree                  | <input type="checkbox"/> |
| Strongly disagree         | <input type="checkbox"/> |
| Don't know                | <input type="checkbox"/> |

Please tell us why:

If you disagreed with these please tell us what the Board should focus on.

**Question 5**

**Priority 4: Creating environment for all people to flourish**

**Our focus is ensuring:**

- **Communities are able to put in place their own solutions and support themselves to be happier and healthier**
- **Everyone has a warm, safe and affordable home**
- **More people are in work that pays a living wage**
- **Employers care about the wellbeing of their staff**
- **Our towns and new housing estates are developed to promote healthier living**
- **People have access to parks and leisure facilities that make them feel good about ourselves and proud of our County**

**Do you agree or disagree with these six areas of focus?**

Please tick (✓) relevant answer

|                           |                          |
|---------------------------|--------------------------|
| Strongly agree            | <input type="checkbox"/> |
| Agree                     | <input type="checkbox"/> |
| Neither agree or disagree | <input type="checkbox"/> |
| Disagree                  | <input type="checkbox"/> |
| Strongly disagree         | <input type="checkbox"/> |
| Don't know                | <input type="checkbox"/> |

Please tell us why:

If you disagreed with these please tell us what the Board should focus on.

**Question 6**

**In your opinion is there anything missing from the Northamptonshire's Joint Health and Wellbeing Draft Strategy for 2016-2020?**

Please tick (✓) relevant answer

|            |                          |
|------------|--------------------------|
| Yes        | <input type="checkbox"/> |
| No         | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |

**Question 6a**

**If you answered 'Yes' above, and if we could include one key point what would you like to see included?**

**Question 6b**

**On a scale of 1-5, where 1 is 'Low priority' and 5 is 'High priority', how much of a priority is this to you?**

Please tick (✓) relevant answer

| Low priority             |                          |                          |                          |                          | High priority |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------|
| 1                        | 2                        | 3                        | 4                        | 5                        |               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |

**Question 7**

**This draft strategy is for the people of Northamptonshire and we want to make sure that everyone can understand it. It is important that the language and wording used is clear and easy to follow.**

**Can you help us to rate how clear the strategy is to read and understand by using a scale of 1-5, where 1 is 'Very Unclear' and 5 is 'Very Clear'?**

Please tick (✓) relevant answer

| <b>Very<br/>Unclear</b><br>1 | 2 | 3 | 4 | <b>Very<br/>Clear</b><br>5 | <b>Don't<br/>Know</b> |
|------------------------------|---|---|---|----------------------------|-----------------------|
|                              |   |   |   |                            |                       |



### Question 8

Please tell us in which capacity you are completing this consultation questionnaire.

Please tick (√) relevant answer

|              |                          |
|--------------|--------------------------|
| Individual   | <input type="checkbox"/> |
| Organisation | <input type="checkbox"/> |

If an organisation, please tell us the name of the organisation.

### Question 8a

If you are responding as an individual, which borough or district of Northamptonshire do you live in?

Please tick (√) relevant answer

|  |                          |
|--|--------------------------|
| Corby  | <input type="checkbox"/> |
| Daventry                                       | <input type="checkbox"/> |
| East Northamptonshire                          | <input type="checkbox"/> |
| Kettering                                      | <input type="checkbox"/> |
| Northampton                                    | <input type="checkbox"/> |
| South Northamptonshire                         | <input type="checkbox"/> |
| Wellingborough                                 | <input type="checkbox"/> |
| Not applicable – responding as an organisation | <input type="checkbox"/> |

Other (please specify)

Thank you for completing this form, please email to [EPIT@northamptonshire.gov.uk](mailto:EPIT@northamptonshire.gov.uk) or post to:

**Engagement, Participation and Involvement Team  
Public Health and Wellbeing (Room 129)  
Northamptonshire County Council, PO Box 177  
County Hall, Northampton, NN1 1AY**

### Equalities Monitoring

It would be really helpful for us to know about the participants who are responding to this consultation. This will help us to make sure that we are talking to a diverse range of people. Completion of the monitoring information is voluntary.

## Equalities Monitoring – please ask each individual participant to complete

1) What gender are you? (Please tick the appropriate box)

Male  Female  Prefer not to say

2) Are you currently Pregnant or have you had a baby in the last 6 months? (Please tick the appropriate box)

Yes  No  Prefer not to say

3) How old are you? (Please tick the appropriate box)

0 to 9  10 to 19  20 to 29  30 to 49  
 50 to 64  65 to 74  75+  Prefer not to say

4) Do you have a disability? (Please tick the appropriate box)

Yes  No  Prefer not to say

4a) If Yes, please tick the appropriate box(es) which best describes your disability?

Mental Health  Physical Disability  Hearing Impairment  
 Learning Disability  Sight Impairment  Other

5) What is your religion or belief? (Please tick the appropriate box)

None  Christian  Hindu  Jewish  
 Muslim  Sikh  Buddhist  Prefer not to say  
 Any other religion (please write in)

6) How would you describe your ethnic origin? (Please tick the appropriate box)

**White**  
 English  Welsh  Scottish  Northern Irish  Irish  Gypsy or Traveller  
 Other White Background

**Asian or Asian British**  
 Indian  Pakistani  
 Bangladeshi  Chinese  
 Other Asian Background

**Mixed / Multiple ethnic Background**  
 White & Black Caribbean  White & Black African  
 White & Asian  Other mixed / multiple background

**Black or Black British**  
 Caribbean  African  
 Other Black Background

Other Ethnic group (please state)

Prefer not to say

7) If you are 16 or over which of the following options best describes how you think of yourself? (Please tick the appropriate box)

Bisexual  Gay Man  Gay Woman/ Lesbian  
 Heterosexual  Prefer not to say

8) Is your gender identity the same as the gender you were assigned at birth? (Please tick the appropriate box)

Yes  No  Prefer not to say

9) What would you describe your marital status as? (Please tick the appropriate box)

Married  Single  Civil Partnership  
 Other  Prefer not to say