Community Wellbeing Service for Adults Consultation and Engagement Report

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Authors

Faye Allan-Parker

Aleksandra Dogramadzi

Oluwatoyin Adesope

Martina Vitale

Executive summary

Purpose of the Report

This report presents the findings from a consultation and engagement process led by Newcastle City Council to inform the future design and commissioning of the Community Wellbeing Pathfinder (CWP) Service. The CWP Service provides holistic, one-to-one support to adults across Newcastle, helping them address a wide range of wellbeing needs including mental health, housing, employment, financial stability, and social connection. With the current contract due to end in March 2027, the Council undertook a statutory engagement process between July and September 2025 to ensure that the voices of residents, professionals, and service providers were central to shaping the next phase of the service.

Consultation and Engagement Overview

Over 260 individuals participated in the consultation, including 133 residents and 48 professionals completing the questionnaire, and 81 participants across focus groups, interviews, and workshops. The engagement activities were designed to capture diverse perspectives and lived experiences, with a particular emphasis on reaching underserved communities and those with complex needs/multiple disadvantage.

Key Themes Identified

The consultation revealed that **accessibility** remains one of the most significant barriers to wellbeing support. Residents consistently reported difficulties related to transport, digital exclusion, and the location of services. Many expressed a preference for services delivered in familiar, community-based settings such as libraries, hubs and other community venues. There was also a strong desire for **flexible formats**, including drop-in sessions and extended support beyond the standard eight-session model.

Mental health emerged as a recurring concern across all engagement strands. Long waiting times and the absence of early intervention options were highlighted as key gaps. Both residents and professionals called for more responsive, inclusive, and sustained **mental health support** embedded within communities.

Another theme was the limited **awareness** of services and **challenges navigating** the system. Many residents were unsure where to go for help, and professionals themselves reported confusion around referral pathways. The need for link workers or navigators who can guide individuals through complex systems was repeatedly emphasised.

Participants also called for a **holistic and person-centred approach** to service design. Rather than addressing isolated issues, they advocated for support that considers the full spectrum of a person’s wellbeing. Trust and relationships were seen as central to successful engagement, with many respondents valuing services delivered by people who understand their communities and lived experiences.

Professionals highlighted the importance of **collaboration and integration** across services. They described a fragmented system where organisations often work in silos, leading to duplication and confusion. Suggestions included joint training, shared referral systems, and co-location of services to improve continuity and coordination. **Funding** was also a concern, with VCSE organisations reporting pressure from short-term contracts and complex application processes that limit their ability to plan and deliver long-term support.

Recommendations

The findings point to a clear vision for the future of the Community Wellbeing Pathfinder Service. Residents and professionals alike envision a community-based, inclusive, and person-centred service that is easy to access, responsive to diverse needs, and built on trust, collaboration, and long-term support. Recommendations include delivering services in **accessible venues**, improving **navigation and awareness**, offering **flexible and holistic support**, and **strengthening collaboration** across sectors.

How the consultation informed the redesigned service

Feedback from the consultation directly informed the redesign of the Community Wellbeing Pathfinder Service and the updated service specification. The redesigned model retains the strengths of the previous service, including a **holistic, flexible and community-based approach**, while introducing targeted changes in response to the consultation findings. People can continue to access support through a range of methods, including **drop-in sessions** in accessible community venues, and **one-to-one face-to-face or remote appointments**, with the addition of a new single-point-of-access **telephone helpline** to improve navigation and access to support. Changes include **extended one-to-one support (up to 12 sessions over 24 weeks)** for people with more complex needs, structured **follow ups**, and the introduction of an **information-sharing and training element** to improve the accessibility of information and upskill staff and volunteers, strengthening awareness, signposting and referral pathways across community settings. The consultation also informed enhanced requirements around **accessibility, transport support, multi-agency collaboration, and the use of feedback**, ensuring the service is both responsive to local needs and focused on continuous improvement.

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1. Background and context

Community wellbeing services are designed to promote physical, mental, and social health through preventative, non-clinical interventions. Through early intervention, these services give people the tools and support they need to resolve challenges before they reach a crisis point, helping people maintain their wellbeing and independence. Examples include mental health support groups, physical activity programmes, social prescribing, befriending schemes, and initiatives that tackle loneliness or financial hardship. The need for community wellbeing services is driven by the established recognition that health and wellbeing outcomes are shaped not only by medical care but also by social determinants such as isolation, housing, and employment. By offering holistic, person-centred support, these services help reduce health inequalities, prevent escalation of issues, and promote stronger, healthier, more resilient communities.

The need for community wellbeing services in Newcastle is significant, driven by persistent health inequalities and high levels of deprivation. Newcastle is among the 20% most deprived local authorities in England[1], with nearly 24% of children living in low-income families before housing costs.[2] Life expectancy is markedly lower than the national average, and the gap between the most and least deprived areas within the city is stark-12 years for men and nearly 9 years for women.[3] In 2023, 11.1% (14,044) of households in Newcastle experienced fuel poverty, a key measurement of poverty. The percentage in the different LSOAs ranged from 2.4% to 24.3% indicating a striking difference in residents' experience depending on where they live.[4]

In February 2025, Newcastle launched a programme to become a Marmot City[5], committing to promote the eight Marmot Principles to improve health equity. The Marmot Principles focus on fairness, prevention, and improving health for everyone, especially those most at risk. To reduce health inequalities, it is important to focus on the wider determinants of health, as well as psycho-social factors such as isolation and perceived sense of control and self-worth. Services focusing solely on behaviour change can inadvertently widen health inequalities because capability, opportunity, and motivation

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[1] Ministry of Housing, Communities and Local Government (2025). *English indices of deprivation 2025*. GOV.UK. Available at https://www.gov.uk/government/statistics/english-indices-of-deprivation-2025.

[2] Department for Work and Pensions. (2024). *Children in low-income families: Local area statistics, financial year ending 2024*. GOV.UK. Available at https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2024/children-in-low-income-families-local-area-statistics-financial-year-ending-2024.

[3] *JSNA: Population overview*. Newcastle City Council. Available at: https://new.newcastle.gov.uk/budget-policies-performance-data/policies/health/joint-strategic-needs-assessment-jsna/jsna-population-overview.

[4] Department for Energy Security and Net Zero. *Sub-regional fuel poverty data 2025 (2023 data)*. GOV.UK. Available at https://www.gov.uk/government/statistics/sub-regional-fuel-poverty-data-2025-2023-data.

[5] Newcastle City Council. (2025, February 26). Newcastle becomes a Marmot City to improve public health. Newcastle City Council. Available at https://new.newcastle.gov.uk/news/2025/newcastle-becomes-marmot-city-improve-public-health.

to change are shaped by complex underlying factors.[6] Although targeting behaviours and conditions is essential to reducing health inequalities, these efforts must be situated within the broader context of their root causes in the wider determinants of health.

Currently, Newcastle City Council (NCC) commission Healthworks, a Newcastle based voluntary sector organisation specialising in health and wellbeing support, to deliver the Community Wellbeing Pathfinder (CWP) service. This service offers one-to-one support to help people improve their overall wellbeing and navigate life's challenges through holistic wellbeing support to residents addressing wider determinants of health, such as employment, financial well-being, housing and social connections. Pathfinders help people accessing the service identify the root causes and address them through signposting and referrals to local services, as well as co-developing a tailored action plan to help them move forward and improve their overall wellbeing. The service is open to adults 18 + who live in Newcastle, and it offers up to 10 sessions over a maximum period of 12 weeks of personalised guidance in a variety of ways – face-to-face, over the phone, or by video.

This service is an evolution of the health trainer contract that has been commissioned to Healthworks from 2019. This contract will end in March 2027. As part of the recommissioning process, Newcastle City Council have a legal obligation to host an engagement and consultation period when the council engages with relevant stakeholders, including residents, council directorates and voluntary sector service providers.

2. Aims

This report outlines the consultation and engagement activities undertaken by Newcastle City Council (NCC) for the recommissioning of the Community Wellbeing Pathfinder service. The consultation and engagement period ran from July 2025 and it concluded in September 2025. It involved key stakeholders, such as service users, professionals working in the public and voluntary sectors, as well as residents.

The aims of the consultation and engagement included:

- understanding stakeholder perspectives.
- collecting qualitative data from both residents and current service providers on the needs, gaps, barriers and opportunities to consider when shaping a health and wellbeing service for Newcastle upon Tyne residents.
- ensuring that the service is developed taking in consideration the voices of those with lived experiences in the community.

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[6] Public Health England. (2021). *Place-based approaches for reducing health inequalities: Main report*. GOV.UK. Available at https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities/place-based-approaches-for-reducing-health-inequalities-main-report.

- ensuring that the service is developed taking in considerations the perspectives of current service providers and that the new service compliments what is already offered.

3. Methodology

This section outlines the consultation framework, including the key questions guiding the analysis, data collection methods, data handling and the analytical approach taken.

3.1 Consultation session questions

The semi-structured interview questions asked in the different focus groups can be found in Appendix A.

3.2 Data collection methods

To capture a wide variety of views, the consultation and engagement utilised both focus groups and a survey. Various stakeholders and service users were consulted and engaged with at events held throughout the city from July to September 2025. This was done to gain understanding and perspectives from both professionals as well as from members of the public.

A general resident survey was hosted on the Let’s Talk Newcastle Online portal and paper copies were distributed to 11 Wellbeing Hubs. To increase reach, information and link to the questionnaire was sent via email to a variety of organisations, networks and professionals that work directly with residents. A social media post was also shared through the Newcastle City Council Facebook page and details of the consultation were posted on Let’s Talk Newcastle. Furthermore, flyers with QR codes were used to promote the survey through local libraries, leisure centres, and civic buildings.

A separate provider-focused questionnaire was shared with relevant partners to gather insights on service integration and existing provision. A link to this questionnaire was also present in the Let’s Talk Newcastle platform.

All questionnaires were available in digital and printable formats, with large print and other adjustments offered upon request to ensure accessibility in line with the Public Sector Equality Duty.

3.3 Data handling

Responses for the survey were collected anonymously and securely, and all distribution activities were documented to support transparency and accountability. All personal data was handled in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018.

For the focus groups informed consent was obtained from all participants through completion of a paper consent form or a digital one in Microsoft Forms. Data was recorded using Microsoft Teams, as well as the recording app Audacity. The discussion was also transcribed in Teams. Data from all focus groups was analysed using thematic analysis. Key points raised during discussions were systematically recorded in a spreadsheet, along with a frequency count indicating how often each point was mentioned across the groups. This helped identify recurring patterns and areas of emphasis. The most frequently cited phrases and concepts were then grouped into overarching themes and sub-themes.

Copilot was used to assist in the thematic analysis process, primarily to support and validate the manual coding and theme development. All final interpretations and thematic structures were reviewed and confirmed by the team to ensure accuracy.

3.4 Incentives

To support participation, residents attending focus groups were offered a £20 Love2Shop voucher. Paper vouchers were used instead of digital ones to reduce barriers for participants with low level of digital literacy and/or with reduced or no access to digital facilities. Furthermore, Love2Shop is a multi-retailers gift voucher, providing both flexibility and choice.

4. Consultation and Engagement Session Summaries

Table 1, 2 and 3 present a summary of the stakeholders, residents, and current service providers who took part in consultation and engagement sessions designed to inform the development of the Community Wellbeing Pathfinder Service. They detail the types of stakeholders involved, the target resident groups, and the roles played by existing Pathfinder services.

These consultation activities were structured to capture a broad and diverse range of perspectives, with particular emphasis on voices from those with lived experience and individuals working directly within communities.

4.1 Consultation sessions with professionals

The consultation sessions with professionals were attended by a wide range of organisations including 8 Voluntary, Community, Social Enterprise, and Faith (VCSEF) organisations, 11 Wellbeing Hubs hosts and 16 representatives from Newcastle City Council Public Health directorate. The internal workshop was attended by 9 staff members from different directorates in the Council including Public Health, Housing and Communities and Adult Social Care.

Table 1. Summary of consultation sessions with professionals

Service provider / professional stakeholder	Number of attendees	Date
Wellbeing Hubs (online session)	5	12/08/2025
Newcastle City Council Public Health	16	02/09/2024

VCSE service providers	8	03/09/2025
Wellbeing Hubs (face to face session)	6	08/09/2025
Mental Health Service provider (as part of People with lived experience of mental health issues group)	2	12/09/2025
Internal workshop with different directorates across the council	9	16/09/2025

4.2 Consultation sessions with residents

Table 2. Summary of consultation sessions with residents

Target group	Number of attendees	Date
Health Champions	2	2/09/2025
LGBTQ+ individuals	10	09/09/2025
People with disabilities	6	10/09/2025
Parents and carers	6	10/09/2025
People with lived experience of mental health issues	4 (+ 2 who were service providers and are shown in sessions with professional)	12/09/2025
People living in low IMD (1 and/or 2) areas	n/a (session was cancelled)[*]	Planned for 15/09/2025
Ethnic Minorities	n/a (session was cancelled)[*]	Planned for 05/09/2025

4.3 Sessions with current service providers

Table 3. Summary of current service providers consultation sessions

Community Wellbeing Pathfinder target group	Number of attendees	Date
Service users	8	08/09/2025

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[*] The planned focus group session was cancelled because the organisation contacted to facilitate participation from the target resident group did not provide confirmation within the required timeframe. More details are included in the Strengths and Limitations section.

Pathfinders	4	02/07/2025
Community Wellbeing Pathfinder manager	1	05/08/2025
Community Wellbeing Pathfinder data analyst	1	11/08/2025

5. Current Service Provider staff and people who use the service Consultation Events

The focus group sessions followed a semi-structured interview format, based on a set of questions (see Appendix A) with the ability for the interviewers to expand on depending on how the conversations proceeded.

5.1 Information about the participants

The participants were asked to complete a consent form which included questions about their role and organisation. This allowed us to understand more about whether there are differences between the views and experiences of different people who took part in the consultation.

Staff participants represented a range of roles within the Community Wellbeing Pathfinder Service and had varying lengths of experience with Healthworks, from under one year to several years, reflecting a mix of newer and more established staff.

Current service users who participated in the focus group were adults across a broad age range, with most (62.5 %) aged 40–59. Participants came from diverse backgrounds, with variation in ethnicity, religion, employment status and health. Most identified as White, with some representation from other ethnic groups. Employment status included retired, unemployed (both seeking and not seeking work) and part-time employment. Many participants reported a long-term health condition or disability with varying impacts on daily activities, while a smaller number reported no disability.

5.2 Community Wellbeing Pathfinder sessions summaries

The broad aims of the engagement sessions with people using the service and staff were to find out what has gone well and what can be improved in the service.

The Community Wellbeing Pathfinders service is still in its early stages, and practitioners and current service users have identified several positive aspects of the service and challenges that affect delivery and engagement, as shown in figure 1 and figure 2.

5.2.1 What is working well

The Community Wellbeing Pathfinder (CWP) service has demonstrated several strengths since its launch.

One of the most notable successes is the quick access to support, with no current waiting list. This allows service users to be seen promptly, which is particularly valuable for those facing urgent or complex challenges.

Staff also highlighted the diversity of referrals, which has broadened the scope of issues covered and addressed the need for specialised training among practitioners. The service's flexible and holistic design has been well received. Staff can tailor support to individual needs, offering a mix of lifestyle advice, navigation through systems, and signposting to specialist services.

In terms of service user feedback, many participants reported significant weight loss, healthier eating habits, increased exercise and improved confidence. A participant said: "Joe has been helping me with healthy eating. He's been absolutely excellent...I'm like a visual learner and he gets paper plates, and he cuts them up and teaches me about protein and carbs" (Resident using the CWP service). Additionally, service users highlighted that they liked how the service was personalised and offered one to one support and face to face sessions: "The face to face for me is brilliant...I think people benefit from coming to a place to meet you" (Resident using the CWP service).

People accessing the service appreciated being able to meet in various venues that were suitable to them: "I've met in several different places like the City Library in Newcastle or Asda...It's been very flexible" (Resident using the CWP service).

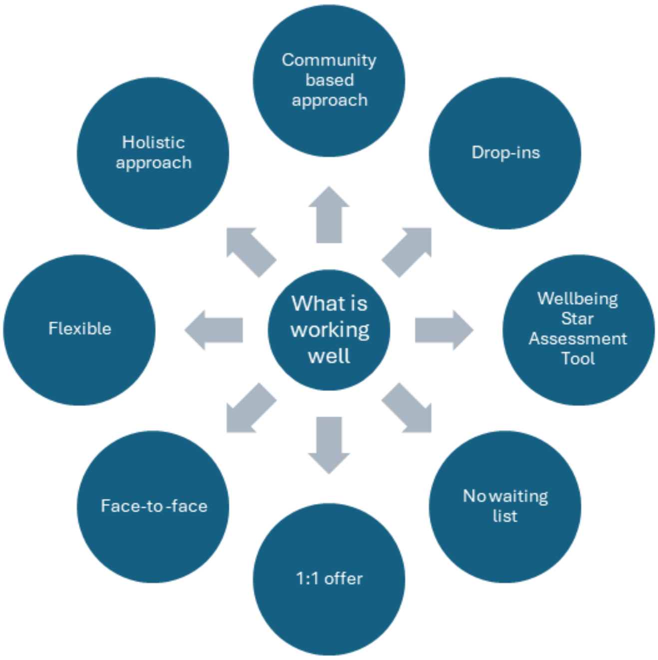


Figure 1. What is working well: diagram showing the areas identified by Healthworks staff and current service users as successful components in the delivery of the Community Wellbeing Pathfinder

The use of tools like the Wellbeing Star helps structure conversations and identify priorities, while also allowing for a person-centred approach. Staff noted that this model enables them to address multiple issues and offer support that is better tailored to individual needs.

Community outreach and drop-ins have been particularly effective in increasing visibility and engagement. Being present in familiar spaces such as food banks, Wellbeing Hubs and community centres has helped build trust and increase number of referrals and self-referrals. These interactions often reveal hidden needs and allow staff to connect individuals with appropriate services.

> A lot of the GP referrals, we were unable to contact...but the outreach, the drop-ins and things like that where we're able to go and speak to people and discuss the services...people are much more likely to come in and see us after that. (CWP staff)

The service acts as a gateway to wider support, helping clients access appropriate services through effective referral and signposting. The collaborative nature of the service working alongside other organisations without duplicating efforts has also been a key strength. Staff offer to support clients by accompanying them to appointments helps reduce barriers to access and builds trust and confidence in the service.

5.2.2 What can be improved

Despite its strengths, the CWP service faces challenges, shown in figure 2, that need to be addressed to enhance its effectiveness.

The lack of clarity around service scope is a recurring issue both among service users and referring agencies. This has led on some occasions to inappropriate or vague referrals, requiring staff to spend time clarifying expectations and redirecting support. Improved promotional materials and clearer referral guidance could help mitigate this. Additionally, awareness of the service remains low among service users and potential service users with many stating they had 'never heard' of it and only discovered it through a referral. However, this lack of awareness could be due to it being a new service.

People accessing the service also expressed frustration that GPs often lack knowledge of available services and provide minimal guidance: "Unfortunately, the GP doctors only have 15 minutes...They wouldn't hear the patient...They don't give enough information" (Resident using the CWP service). To address this, participants wanted an up to date, easy to navigate resource listing all local health and wellbeing services and information about them (who they are for, etc). Aside from GPs providing information, many participants also highlighted that they found it difficult to access GPs due to waiting times and difficulty to get an appointment. This is an opportunity for the CWP service to refer patients to services and provide interim support while on waiting lists.

The assessment process is another area for improvement. Staff reported that the 14-item WEMWBS scale is a barrier for some people and time-consuming, making it difficult to complete within a standard session. There is a preference for reverting to the shorter 7-item version to streamline assessments. The Well-being Star, while a useful tool for assessing individual needs and tracking progress, contributes to a heavy administrative workload—particularly during initial assessments. This is largely due to the time it takes to complete, given its broad scope and the detailed nature of the information required.

Limited access to private spaces and the cost of hiring rooms are barriers to delivering sensitive and confidential support.

> We've been meeting a lot of clients in public spaces. A lot of the conversations are very private, quite personal. We would like to have more private spaces around the city. (CWP staff)

Flexibility of service also pose a challenge. The current model allows for eight sessions, which may be sufficient for lifestyle-focused support but is often inadequate for clients with complex needs. Additionally, the pressure to complete reviews within a 12-week window can be difficult to manage, especially when clients cancel or disengage due to mental health or personal circumstances.

Both staff and service users highlighted the need for greater flexibility in session numbers and timing. Service users described feeling "lost" and "in limbo" after completing their sessions, with no clear next steps or ongoing support. One person summed up the concern: "I feel like without support I go back in my old ways" (Resident using the CWP service). This highlights a significant risk of relapse when structured guidance ends abruptly. Service users suggested a phased approach: intensive weekly sessions at first, followed by monthly check-ins to maintain progress. As one person put it: "Maybe to have a check-in once a month… to see my weight loss journey through to the very end" (Resident using the CWP service). Others proposed structured plans lasting one to two years to maintain progress and prevent relapse.

Figure 2. What can be improved: diagram showing what changes can improve the service offer and delivery.

Accessibility including limited opening times, primarily weekdays between 9am and 5pm make it difficult for those with work commitments, caring responsibilities or irregular schedules to attend sessions.

Training needs were highlighted, particularly in areas such as financial wellbeing, housing systems, immigration, and asylum support. Staff expressed a desire to build confidence in these areas to better support clients and reduce reliance on external referrals. Collaboration with other services for joint training and knowledge sharing could help address this gap. Service users also highlighted the need for specialist interventions for eating disorders and chronic conditions, which go beyond short-term lifestyle programmes. Service users also highlighted the need for permanent classes for disabled people, reflecting a broader call for accessible, long-term options for those with chronic conditions and disabilities. Participants also raised concerns about gyms lacking staff trained to support people with mobility issues or nerve damage: “I need somebody who’s going to help me do what is good for me…Some of them aren’t trained sufficiently” (Resident using the CWP service).

Finally, while collaboration is a strength, there is room to improve systematic follow-up and coordination. Staff emphasized the importance of reassuring clients and maintaining contact, especially when waiting for external services. Establishing clearer protocols for follow-ups and enhancing communication with partner organisations could strengthen the support network and ensure continuity of care.

People using the service suggested creating a central hub, a “one stop shop model rather than separate entities” to simplify access and reduce confusion. One participant described the ideal approach as “like a Citizens Advice but for health”, offering clear signposting and integrated support for physical, mental, and social wellbeing needs.

Other ideas included “cookery classes in accessible venues” and “community-based skill sharing” to reduce isolation and foster connection. “If you had a database of people…what can you do? What would you like to offer? Or if it was like a signpost: I need someone to put my shelf up, I need someone to teach me how to cook… Then all of us, we’ve become a community. We say, OK, I’m disabled, but I can talk you through how to cook a thing” (Resident using the CWP service). Participants emphasised this approach could give people a sense of purpose and reduce mental health issues by fostering community connection.

6. Professionals Consultation Events

The focus groups with professionals (including representatives from 8 VCSEF organisations, 11 Wellbeing hub hosts and a total of 16 representatives from Public Health) followed a semi-structured interview format, based on 10 standard questions (see Appendix A) with the ability for the interviewers to expand on depending on how the conversations proceeded.

The broad aims of the engagement sessions were to find out the health and wellbeing needs of their communities, identify service gaps, assess accessibility and design challenges, and consider opportunities for improved collaboration.

6.1 Information about participants

A total of 37 professionals were engaged with during the focus groups. Information about their role and organisation were gathered in a short questionnaire in Microsoft Forms. This allowed us to understand more about whether there are differences between the views and experiences of different people who have taken part in the consultation. Of the 35 who responded to the organisation name question, 26% worked for Newcastle City Council. Most participants were from the Voluntary and Community Sector (50%) or the Local Authority (16%), with smaller representation from the NHS (3%) and charities. No respondents worked in the private sector.

Roles varied, with 33% identifying as frontline staff or practitioners, 25% as senior leaders, and others as service managers, commissioners, volunteers, or administrative staff.

The services they represented covered a wide geographical area, with 16% serving all of Newcastle and others focused on specific wards or neighbouring regions.

In terms of service scope, 17% offered mental health and wellbeing support, followed by lifestyle, social connection, employment, financial wellbeing, and housing. Overall, 67% of respondents confirmed they currently deliver or commission health and wellbeing services in Newcastle upon Tyne

6.2 Professionals focus group findings summary

6.2.1 Needs and gaps

Professionals identified mental health issues, poverty, social isolation, and housing as the most pressing health and wellbeing challenges affecting Newcastle residents. The word cloud in figure 3 shows the issues that were mentioned most often in the focus groups. Those living in the most deprived areas were seen as more likely to experience multiple, overlapping issues. One of the participants shared: “Poverty is the biggest health issue in the city. People are poor and they have worse health” (Professional).

Several concerns emerged about access to primary care and mental health support. Long waiting times, especially for mental health appointments, meant that many residents only received help at crisis point rather than through early, preventative support. “Mental health services…you wait 6 months maybe even longer” (Professional). Respondents highlighted the need for intermediate services to bridge the gap while people wait.

Professionals also observed that many residents lack awareness of services or confidence to access them. Even professionals themselves reported uncertainty about referral pathways and service availability. This points to the wider issue of fragmented services and limited clarity for both residents and professionals. “There’s so many of us…most people don’t know where to go or where to start” (Professional).

Figure 3. Word Cloud of Identified Needs and Gaps: this visual represents the health and wellbeing needs of Newcastle residents as identified by professionals during engagement sessions.

6.2.2 Service design & accessibility

Figure 4 shows what elements professionals think are needed in a community wellbeing service design and accessibility. These are listed below:

Participants emphasised the need for a holistic approach that considers the whole person rather than isolated problems. Most residents face a complex mix of issues requiring joined-up support.

<u>Accessibility in Communities</u>

Participants highlighted some barriers for residents to access services including transport which can be too expensive and inaccessible due to mobility issues or there isn’t a direct route to get them to the service. For example, a participant reported: “I have very elderly people who can’t take public transport and to get a taxi both ways is far too expensive” (Professional). Participants suggested greater support for the Community Transport schemes across the city.

Digital exclusion was also raised as a barrier for residents to access services and navigating systems. Participants suggested greater support for digital skills and support with navigating systems and filling out forms to address this.

Another barrier was services having rigid opening hours of Monday-Friday 9 am-5 pm which may exclude working people, carers and those with complex schedules. As one participant noted: “Most warm hubs are open Monday to Friday 9-5...we’re missing a huge swathe of people” (Professional). Participants emphasised the need for flexible opening hours, however this is limited to funding.

Type of support

Most respondents consistently emphasised the importance of 1:1 support in helping residents access services, build confidence and overcome barriers alongside group support for the peer-to-peer support which enables shared understanding of a lived experience and a chance to socialise and make connections.

> In an ideal world 1:1 support is great…group support is actually really beneficial as well…to get the social element. (Professional)
>
> Peer-to-peer support encouragement is more impactful than professionals always trying to steer. (Professional)

Specifically, link workers/navigators were described as important to help residents understand and access services. These roles were described as essential for bridging the gap between complex systems and individuals. One respondent emphasised that “Navigators or link workers need to know the services and walk people through them” (Professional), highlighting the importance of hands-on guidance.

Link workers/navigators were portrayed as trusted guides who could support residents in taking the first steps toward engaging with services. The value of doorstep-to-activity support was repeatedly noted with one participant saying: “You need someone to support them from the doorstep to make that first step…if you didn’t have a service that supports people from the doorstep, a lot of people would fall behind” (Professional). Another added: “Sometimes having somebody with you to take you into the group for the first time helps build confidence” (Professional), underscoring the emotional and practical support these roles provide.

Long-Term Wellbeing Support

Short-term interventions (e.g., 6–8 weeks) are widely seen as inadequate for individuals with complex needs/multiple disadvantage. Participants stressed that meaningful, lasting impact requires continuity, trusted relationships, and opportunities for people to stay engaged beyond initial support. As one participant put it: “We have to build trust… and that takes time. You can’t do that in a few sessions” (Professional). Without sustained engagement, people may disengage or regress, undermining progress made during initial contact.

The importance of long-term wellbeing support was repeatedly emphasised, with participants calling for services that extend beyond crisis response and are embedded in community life. One participant noted: “There should always be an onward plan — not just drop off the map” (Professional), while another shared: “Some of our groups continue even after the funding ends — people stay connected because it matters to them” (Professional). These reflections highlight how ongoing, relational support helps individuals maintain progress, build confidence, and stay socially connected. As one participant summed up: “It’s not just about fixing something quickly. It’s about helping people build a life they want to keep living” (Professional).

Accessible and Inclusive Services

Language barriers, lack of interpreter funding and insufficient staff training were reported as obstacles for non-English speakers, deaf/blind communities and those from diverse cultural backgrounds. Respondents stressed the importance of cultural competency in all service provision and staff training to manage diverse groups and difficult conversations.

> That's the problem, if somebody's first language isn't English knowing that a service is there. (Professional)
>
> The structure of BSL is different to English…so even reading a simple sentence in English is difficult for a BSL user. (Professional)
>
> We do training at the QE hospital to train their frontline staff to help identify the persons deaf and how to communicate with them. (Professional)

Neighbourhood/community-based services

Participants emphasised that services must reflect how residents perceive and use their own neighbourhoods. Official boundaries such as wards or NHS footprints often do not align with lived experiences. People tend to stay within small familiar areas and are unlikely to travel across perceived divides, even within the same 'ward'. This highlights the need for service planning to be based on community-defined geographies rather than administrative maps.

Respondents consistently reported that residents prefer services delivered in familiar, accessible venues such as libraries, churches and community/wellbeing hubs. These spaces were described as welcoming and non-intimidating compared to standalone or clinical settings. Drop-ins, one stop shops and co-located services were identified as effective models.

Community Ownership and Trust

Some participants highlighted that services are most successful when they are designed, delivered and led by people from the communities they serve. This fosters trust, relevance and engagement. Across all focus groups participants emphasises that trust is built through consistent relationships with staff and through services delivered in familiar, welcoming environments. Residents are more likely to engage when they know the people and the place. Participants advocated for training residents to act as champions or peer supporters. These individuals can share information, reduce stigma and encourage others to access services.

> We need champions in the community who are trained and can pass the message on to other people. (Professional)
>
> People don't just walk through the door and go help; you've got to build up that trust. (Professional)

Figure 4. Word cloud of service design and accessibility: this visual represents how professionals think Community Wellbeing Services should be designed and made more accessible for residents.

6.2.3 Collaboration

Figure 5 shows the most recurring ideas regarding services collaboration. These are listed below:

Knowledge Sharing & Service Mapping

Many respondents expressed concern about the lack of coordinated knowledge sharing and comprehensive service mapping. Referrals are often made through informal networks or personal contacts rather than structured accessible systems.

> Services and staff need to know what the services are, have an understanding of what the service does so they can pass people onto the right service…It builds trust. (Professional)

InformationNOW was frequently mentioned as a useful tool. Some described it as “Amazing…my go to place…absolutely fantastic” (Professional). However, others noted its limitations: “It relies on the individual organisations to update their information” (Professional) and that it is “Occasionally a little bit out of date” (Professional). This inconsistency was seen as a barrier, especially for residents who may struggle to access or navigate such platforms.

There was a call for structured opportunities to build shared understanding including:

- Joint training sessions
- Shadowing placements

- Shared platforms for referrals and service mapping
- A centralised, well-maintained directory of services

One participant shared a positive example: “Student midwives spent some time during training to work with different organisations and come back and present” (Professional). This was seen as a valuable way to foster cross-sector awareness and collaboration.

System Integration and Collaboration

Participants consistently raised concerns about the fragmented nature of services in Newcastle. Many described a system where services operate in silos, with little communication or coordination. This lack of integration creates confusion for both professionals and residents. One participant noted: “Even within services…they operate two different systems…they don’t talk to each other” (Professional). This fragmentation often forces individuals to repeatedly retell their stories, which can be emotionally draining and lead to disengagement.

There was a clear recommendation for more joined-up working, improved information sharing, and a simplified system as one participant said: “We’ve got a system which is so complicated we need 5 or 6 different types of roles to help people through it.” (Professional). Another added: “1000 different organisations, all different rules.” (Professional).

Participants also highlighted the high number of agencies and voluntary groups, but most people don’t know where to go or where to start with one participant stating: “We’re not very good at referring people amongst each other” (Professional).

Suggestions for improvement included:

- Supporting shared learning and collaboration
- Promoting visibility of smaller organisations
- Facilitating joined up working by bringing together representatives

Funding

Many organisations are experiencing significant funding pressures, which limit the scope of services they can offer. As one respondent put it: “Most warm hubs [Wellbeing Hubs] are open Monday – Friday 9-5 so we are missing quite a huge swathe of people...we would love to do more, but obviously funding is the thing” (Professional). This strain is compounded by a reliance on short-term funding, which undermines long-term planning and service stability. One participant explained: “If the funding is only short term... that doesn't provide much stability” (Professional).

In addition to financial constraints, the grant application process was described as time-consuming and administratively burdensome. Organisations often face unrealistic expectations around demonstrating sustainability, which can be discouraging. One participant shared: “It’s really difficult to get funding, and it’s almost like unless you’re inventing something new and shiny, it’s really difficult… and then you’ve got to show what you’re using the money on” (Professional). Another added: “There is so much work involved to get a £2,500 bid… took us ages and we didn't get anything back" (Professional).

These challenges highlight the need for more streamlined funding processes, longer-term investment, and realistic evaluation criteria that reflect the realities of frontline service delivery.

Co-location

Co-location was presented as a practical solution. Professionals suggested that delivering multiple services from familiar venues would not only improve accessibility for residents but also create opportunities for informal knowledge exchange and warm handovers between staff.

Capacity

Respondents were clear that meaningful collaboration requires sufficient resources and staff training. Professionals warned that staff capacity and funding constraints currently limit the ability of organisations to engage in partnership working or community outreach.

Figure 5. Word cloud of collaboration: this visual represents how professionals think health and wellbeing services in the community should collaborate better.

6.3 Cross Directorate Workshop

The main aim of the Cross Directorate workshop (a workshop with people from different teams across the Council) was to avoid duplication of services and to find ways to collaborate better across the council.

An invite was sent to council employees managing or commissioning wellbeing services for adults or other services that impact health and wellbeing (e.g., financial support). Directorates included were:

- Adult Social Care and Prevention
- Housing and Communities
- Children and Families
- Public Health
- Deputy Chief Executive

The workshop was attended by 9 staff from Adult Social Care and Prevention, Housing and Communities and Public Health.

The workshop included a mapping exercise where participants were asked to map services they oversaw or commissioned and include details of those services. This was followed by a roundtable discussion on practical solutions to collaborate better across the council and ideas for a new Community Wellbeing Pathfinder service. The findings from the workshop are presented below.

6.4 Cross Directorate Workshop Summary

Table 4 shows the practical solutions proposed by workshop attendees when asked how services could collaborate better across the council.

Table 4. Practical solutions to collaborate better across the council

Practical Solution	Description
Shared system	Services are using different systems which leads to confusion for frontline staff
Collective partnership/working	Co-location, shared bids and co-delivery of services
Quarterly Forum Meetings	Meetings for knowledge sharing around services
Shared training	Create a mandatory I Learn course programme
Internal information sharing	Communication between NCC services and teams about work taking place
Service planning	Sharing information of projects at planning stages across the Council to see who and how people can join in
Job shadowing	Opportunity to gain a better understanding of each other roles and can lead to ideas on how to collaborate
Internal directory of services	A centralised hub of information and services in Newcastle.
Co-production/information sharing	Involving community-based groups in commissioning and team meetings.
Community-based delivery	More community-based service in places that are already established and have built trust

Participants were also asked to provide ideas on what they thought a Community Wellbeing Pathfinder Service could look like that could make a difference to the communities they work with. Responses included:

- Support for residents to access services/activities
- Accessible resources and information for residents and professionals
- A service with a holistic approach
- Culturally sensitive support
- A service that has city wide geographic coverage
- A service that has employment/volunteering support embedded in it
- A service that offers interim support to individuals who are waiting to access specialist services.

7. Residents Consultation Events

The residents focus group sessions followed a semi-structured interview format, based on 10 standard questions (see Appendix A) with the ability for the interviewers to expand on depending on how the conversations proceeded.

The broad aims of the engagement sessions were to find out the health and wellbeing needs of Newcastle residents, identify service gaps and assess accessibility and design challenges.

7.1 Information about the participants

A total of 36 residents were engaged with during the focus groups. Demographic information was gathered in a short questionnaire in Microsoft Forms. This information was gathered for multiple reasons, including helping interpret results correctly highlighting strengths and limitations, showing whether the group reflected the wider population or target audience, and ensuring that diverse voices were heard.

Most participants were female (64%), with 31% male and two identifying as transgender women. The majority identified as heterosexual (67%), while others identified as bisexual, gay or lesbian, or preferred not to say. The most common age groups were 30–39 and 40–49. 67% of participants identified as White or White British, followed by Asian or Asian British (14%), with smaller representation from Black, African, and mixed ethnic groups. A significant proportion (42%) reported having a long-term physical or mental health condition, with 19% stating it affected their daily activities. Most identified as Christian (39%), with others identifying as Hindu, Muslim, Buddhist, or having no religion. In terms of employment, 25% were unemployed and seeking work, and nearly half (47%) lived in council or social housing. This demographic profile highlights a broad range of lived experiences and needs across the resident group.

7.2 Resident Focus Group Summaries

7.2.1 Needs & Gaps

Figure 6 shows health and wellbeing needs and gaps identified by residents taking part in the focus group. These are listed below:

Mental Health, Social Isolation and Confidence

Participants across all workshops highlighted mental health and social isolation as most important factors affecting their wellbeing. Many described ongoing struggles with anxiety, low motivation, and a lack of confidence. Other key concerns included difficulties with healthy eating, managing weight and maintaining good physical health.

Lack of Awareness / Lack of Services

A clear lack of awareness about available services and activities emerged as a major barrier. Many residents didn't know where to go for support or information about wellbeing services. Even when services were known, a lack of confidence often prevented people from accessing them. Some residents found out about services through word of mouth or social media, but many had to search for information themselves and were unsure where to look.

Some parents expressed a need for more sensory rooms and child-friendly environments, noting their importance for both children's development and family wellbeing.

Figure 6. Word cloud of health and wellbeing needs and gaps: this visual represents what residents think their health and wellbeing needs are

Difficulties Accessing Primary Care/Long Waiting Lists

For those experiencing mental health issues, the GP was usually the first point of contact. However, some found it difficult to get appointments, as these often had to be booked early in the morning or online – creating further barriers to accessing support. Long waiting lists for NHS mental health services were a recurring issue, leaving individuals without support during critical periods. Participants called for more interim services that could bridge these gaps, provide early intervention and prevent reaching services at the point of crisis.

Community-Based Psychoeducation

Participants advocated for more inclusive, community-based psychoeducation—such as basic Cognitive Behavioural Therapy (CBT), Dialectical Behaviour Therapy (DBT), and Acceptance and Commitment Therapy (ACT) techniques to help people manage their mental health before reaching crisis.

Barriers for Specific Groups: Cultural Appropriateness and Learning Disabilities

One focus group highlighted cultural appropriateness as a recurring concern. Some participants felt unwelcome or out of place in community settings, especially when staff were unfamiliar with their cultural or religious needs. Language barriers and staff training were highlighted as obstacles. Participants called for more inclusive environments and better staff understanding to ensure everyone feels comfortable accessing services.

> Currently the staff don't know how to handle if all of a sudden someone walks in... language is an issue...they will hesitate and then start looking different ways. (Resident)
>
> Any centre is not culturally appropriate. You are looked at in a different way when you walk in...it's about creating an environment...the only way that one could do is by making sure that people start to use those facilities. (Resident)

Some suggested service providers often lacked understanding of people with learning disabilities and called for better staff training.

Sustainability and Funding for Community Groups

Finally, concerns were raised about the sustainability of community groups and services due to funding cuts, with many fearing that valuable services could be lost.

7.2.2 Service Design

Figure 7 shows the most recurring service design elements mentioned in the focus groups with residents, as listed below.

Types of Support

Participants expressed a desire for a flexible and varied approach to support offered by a community wellbeing service. One-to-one support was preferred during initial assessments to help identify individual needs and tailor appropriate interventions. Group and peer support were also valued, particularly for their social benefits and the opportunity to engage in shared activities, with the “12th Man Club” mentioned as a positive example. Additionally, virtual support options such as Zoom or phone calls were highlighted as important, especially for those with mobility challenges or who may not feel comfortable attending in person.

Holistic & Person-Centred Approach

Residents across all focus groups emphasises the need for services that address the whole person not just isolated problems. They requested support that considers mental, physical and social needs together.

> Mental health services...you have a strong feeling that they don’t see you as a person. They see you as a collection of symptoms which they can tick on a chart. (Resident)

Empowerment and Inclusion

Participants expressed a strong desire to feel valued, included and part of a community. They want services to recognise the importance of lived experience not just as recipients of support, but as contributors. Many highlighted the benefits of opportunities to give back through volunteering, peer support or training.

Flexibility

Participants across all focus groups emphasised the importance of flexibility in service design. They want services that can adapt to their schedules and needs. This includes options for longer-term or ongoing support, flexible opening hours (not just 9-5 Monday-Friday), and the ability to extend or adjust the number of sessions based on individual circumstances.

Clearer Transitions and Follow-Up

There is a need for transitional support that extends beyond initial treatment to ensure continuity of care and better long-term outcomes. Participants called for better transition planning between services to avoid abrupt endings of support services: “I think it’s the next step. You’ll like finish and then you don’t know where to go next” (Resident).

There was also a desire for more joined-up working between organisations and clearer referral pathways.

Navigator Role

Participants highlighted the importance of having a navigator, someone who can guide them whether a peer or a professional through the process of finding and accessing suitable services, especially when navigating complex or unfamiliar services. This support could include not only signposting and advice but even accompanying individuals to groups for the first few visits.

> There is a need in the community for someone to almost hold your hand through that process, to be able to say, well, this is where we navigate to access support around XYZ and that is where your health champions can come in. (Resident)

Parents and carers particularly valued group settings, such as baby groups, which not only supported their children's cognitive and social development but also provided much-needed social interaction and emotional support for themselves. These spaces helped reduce feelings of loneliness and fostered a sense of community.

Lived experience / co-production

Whilst not a major theme in the focus groups, some participants highlighted that the role of lived experience was valuable in how services are planned and delivered. One participant reflected: "But speaking to people...the lived experience...you're going to feel like you're understood and that's a great place. You're working with volunteers, with people who have experienced it" (Resident). These insights underscore the importance of embedding lived experience into service design to enhance relevance and effectiveness, but also to foster empathy and trust between service user and provider.

Figure 7. Word Cloud showing the most important aspects in community wellbeing service design according to residents taking part in focus groups.

7.2.3 Accessibility

The word cloud in figure 8 shows elements that, according to residents taking part in the focus group, make a service more or less accessible. These are:

Transport

Transport was a barrier due to cost or routes that don't meet people's needs. There was a strong emphasis on the importance of free bus passes and local delivery of services, with one participant noting that "Even just getting to the service can be a financial barrier” (Resident), while another highlighted: “I think it’s really important to have a free bus pass” (Resident).

Digital Exclusion

Digital access was a recurring barrier, especially for those with limited IT skills or confidence and access to devices and internet. Many participants preferred face to face or phone-based support over online forms or websites. Even those who used the internet found websites like InformationNOW overwhelming and outdated, making it difficult to navigate. There was a strong call for clearer, more user-friendly pathways to support.

> If you haven’t got IT skills, if you haven’t got internet...you’re already isolated so you can’t access services. (Resident)
>
> Social media can be hard. It’s not very clear sometimes. (Resident)
>
> Do this QR code...I haven’t got a clue what a QR code is. (Resident)
>
> It’s too much information; I just close it down. (referring to InformationNOW) (Resident)
>
> There should be a central place where everything is listed and up to date...could we advertise in supermarkets or gyms? Everyone goes there. (Resident)

Figure 8. Word Cloud of Accessibility: this visual represents how residents would like to access community wellbeing services and barriers to accessibility.

Community-Based Delivery/Drop-ins

Participants consistently valued services embedded in the community, especially those in familiar, welcoming spaces like libraries or community centres. There was a strong preference for drop-in models that allow people to access support informally, without needing appointments or referrals. Familiarity, accessibility and a relaxed atmosphere were key to building trust and encouraging engagement.

> I like this place because it’s familiar...I feel relaxed here. (Resident)
>
> Would be good if organisations came here and did drop-in sessions...just come and talk to someone no appointment needed. (Resident)
>
> We need something that's open, flexible and doesn't feel like a clinic. (Resident)

Trust & Relationships

The presence of friendly, well-trained staff was consistently highlighted as a key factor in whether people felt comfortable engaging with a service. Participants valued staff who listened, did not judge, and treated them as individuals – not just cases or problems to be solved. Continuity, lived experience, and a non-hierarchal approach were appreciated.

> The staff are so lovely – they make you feel welcome. (Resident)
>
> Here, I feel like a human – not a problem to be solved. (Resident)
>
> The staff here have mental health problems too...they get it. (Resident)
>
> It’s not a top-down system – it starts with us. (Resident)

8. Overall Themes from Residents and Professionals Consultation Responses

Some of the themes recurred in most if not all consultation sessions and, therefore, are particularly significant. These themes, also shown in figure 9, are:

1) Holistic and person-centred approach

Both residents and professionals consistently called for a holistic, person-centred approach that addresses mental, physical, and social needs together, rather than focusing on isolated problems.

2) Navigation and Awareness

A recurring issue was the lack of awareness about available services and how to access them. Both professionals and residents described confusion around referral pathways and fragmented service landscapes. There is a need for navigators or link workers to guide individuals, especially those with complex needs or low confidence through systems and services.

3) Accessibility and Flexibility

Accessibility was a consistent theme across all engagement sessions. Participants highlighted barriers related to:

- **Location**: services are often not delivered in places that are easy to reach or familiar.

- **Transport**: cost and availability of transport, especially for older adults, disabled people, and low-income households limit access.
- **Digital Exclusion**: many residents lack digital skills, internet access, or confidence using online platforms. QR codes and complex websites were often inaccessible.
- **Types of Support**: there was a strong preference for flexible formats, including one-to-one support, group sessions and drop ins. There was also a preference for the length of the support to be suited to an individual needs.

4) Community-based delivery

There was a strong preference for services delivered in familiar, trusted venues such as libraries, churches, and community centres by staff who are known and trusted within the community. It was important for the location to feel welcoming, non-clinical, and embedded in everyday life.

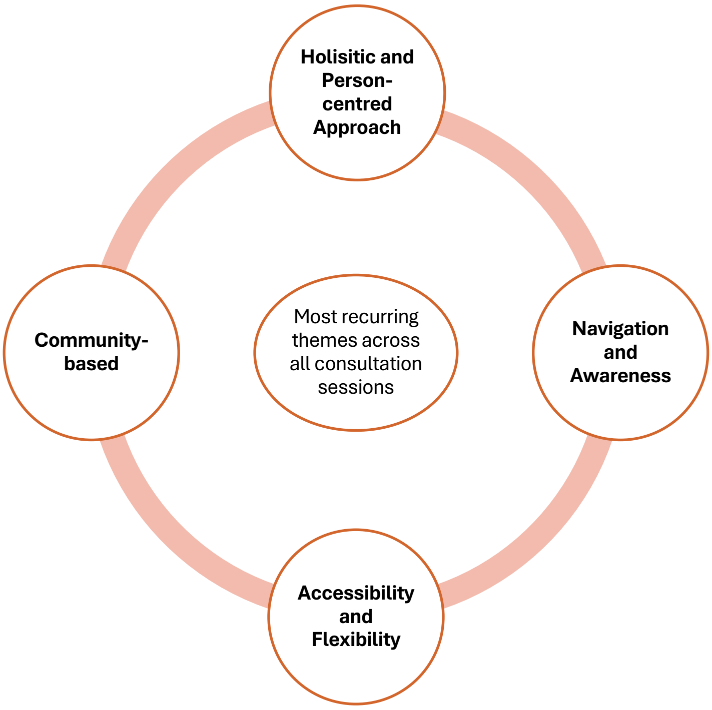


Figure 9. Diagram showing the most recurring themes from residents and professionals consultation responses

9. Surveys' Findings Summary

9.1 Service Providers and Professionals surveys' information

Two surveys were also conducted alongside consultation and engagement activities. One survey was for service providers and professionals. The other survey was for residents.

The surveys were circulated to the public via the Let's Talk Newcastle website from 4th August 2025 – 7th September 2025. The survey for residents was also distributed as paper copies in a variety of local community venues to increase reach.

The professionals survey included questions around the health and wellbeing needs of Newcastle residents, identified gaps and challenges in the current community wellbeing service, and gathered insights into what an effective service might look like based on professionals' experiences and perspectives, as well as how services can collaborate better. It also included questions related to participants' job roles.

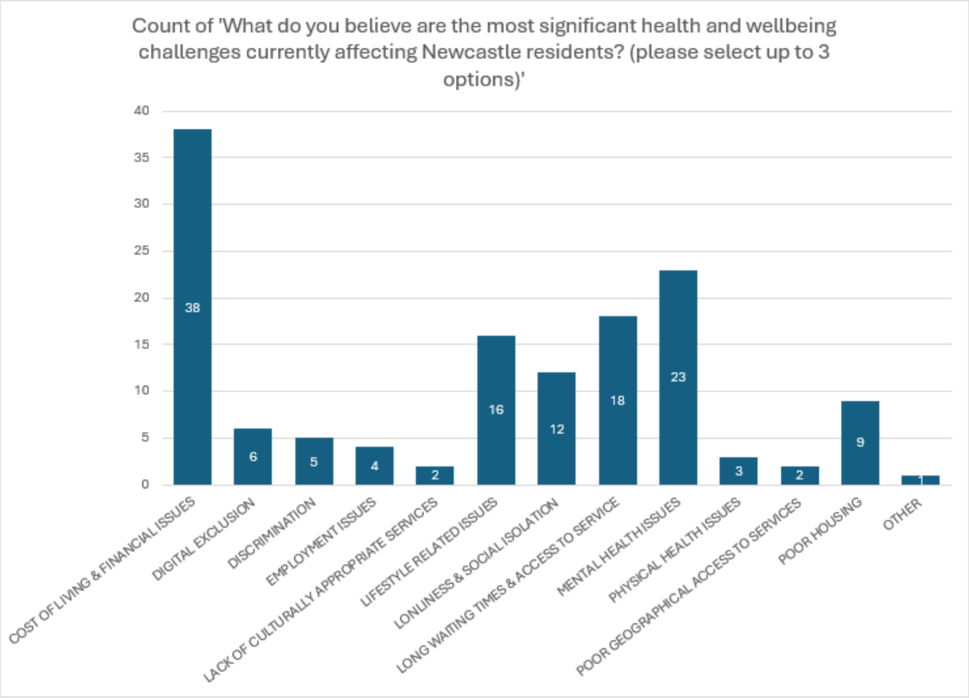
The survey for residents aimed to understand the type of support or community wellbeing services needed by residents and communities, collect both positive and negative feedback on past experiences with services to shape a new provision, gather information about what a new community wellbeing service could look like, and identify challenges and opportunities for the service. It also included demographic questions to collect information regarding who completed the questionnaire.

In total, 133 questionnaires for residents were completed, comprising 40 digital submissions and 93 paper copies. A further 48 questionnaire for professionals were completed digitally. A summary of the responses are below:

9.2 Professional survey findings

Q1: What do you believe are the most significant health and wellbeing challenges currently affecting Newcastle residents?

48 professionals indicated what they believe are the most significant health and wellbeing challenges currently affecting Newcastle residents. The main challenges



include cost of living and financial issues (38), mental health issues (23) and long waiting times to access a service (18), as shown in figure 10

Figure 10: Count of “What do you believe are the most significant health and wellbeing challenges currently affecting Newcastle residents?” (Q1)

Q2: Which of the following groups you feel are the most underserved or facing barriers to accessing support?

Respondents were able to select more than one option for this question. 48 participants responded to this question. Figure 11 shows that low-income households (29), people with disabilities (24), older people (21) have the highest counts of underserved groups. Ethnic minority communities (18) and carers (15) were the other two underserved groups close to the top three.

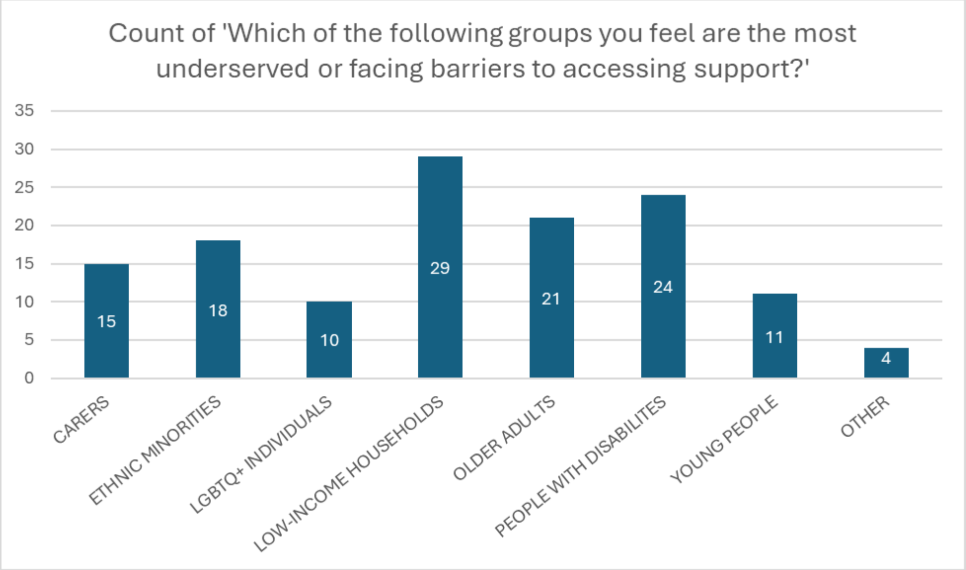


Figure 11: Count of “Which of the following groups you feel are the most underserved or facing barriers to accessing support?” (Q2)

Q3: What gaps do you think exist in the current early intervention service provision?

A total of 48 open-ended responses were received and thematically analysed. The analysis revealed several key areas where respondents felt current early intervention services are lacking. These themes are outlined below.

Theme 1: Mental Health Services and Support

A significant number of respondents highlighted the limited availability of mental health support, particularly in the context of prevention and early intervention. One respondent highlighted that there was “limited mental health support” (Professional). Others called for more proactive approaches, noting that “preventative mental health support” and “wellbeing workshops, peer support and trauma-informed practices are not consistently available” (Professional). These responses reflect a strong desire for mental health services that are timely and preventative.

Theme 2: Awareness of available services

Many participants expressed concerns about the lack of awareness and clarity around existing services. One respondent noted: “Lack of awareness sometimes is a gap” (Professional), while another added: “Lack of knowledge about what is available and how to access it” (Professional). Even professionals reported confusion, with one stating: “Not always clear who does what within the city, so professionals themselves are often unclear who to refer to and what is available” (Professional). There is a need to promote available services to create awareness and help signpost others.

Additionally, digital exclusion was flagged as a barrier: “Difficulty accessing information/using portals etc due to more and more information online due to lack of skills or digital exclusion” (Professional).

Theme 3: Ongoing Lifestyle Support

Respondents highlighted the need for longer-term lifestyle support, rather than short-term interventions. Comments such as “Limited lifestyle support” and “Not enough services specifically aimed at lifestyle improvement” (Professional) suggest that current offerings may not be sufficient to support sustained behavioural change.

Theme 4: Accessible services within communities

Concerns were raised about the lack of support directly in the community, which can make services inaccessible to those most in need. One respondent shared: “Lack of appropriate support directly in the community. A lot of services are centralised making them inaccessible” (Professional).

Another respondent noted that there was a “Lack of support with travel” (Professional).

The need for flexible service delivery was also highlighted: “Many people in manual, shift, or low-income jobs cannot attend standard clinic hours. Flexible, mobile, and drop-in support is limited” (Professional).

Some individuals reported relying solely on mobile phones to access services: “Only being able to access services and support with use of a personal mobile phone” (Professional). Long waiting times were also a concern: “Huge waiting lists mean people are left for a long time usually when they are most in need” (Professional) and “Long waiting lists for assessments” (Professional).

Theme 5: Collaborative working among service providers

Respondents identified a lack of joined up working between services, particularly where needs overlap. One participant noted: “Insufficient integration with mental health support – Smoking rates remain high among people with anxiety, depression, or severe mental illness, yet early intervention often addresses smoking in isolation” (Professional). Another shared: “Substance misuse is the main service provision that requires support… Often there is a cross over with mental health issues, but mental health services won't intervene either” (Professional). The need for holistic care was emphasised: “Early intervention should include holistic support around physical health, nutrition, exercise, and social connection” (Professional).

Theme 6: Culturally appropriate service

Several responses pointed to the lack of culturally tailored support, particularly for ethnic minority communities and how this negatively impacts on them accessing services. One respondent stated: “Limited culturally tailored support some communities, particularly ethnic minority groups, lack stop-smoking resources in their first language” (Professional).

Another added: “We have a diverse population in Newcastle and in my experience, services are not always aware of how to be more accessible/culturally appropriate” (Professional). The need for interpretation services was also raised: “Lack of, or insufficient translating services for those who don't speak English” (Professional), and: “There is a big need for interpretation services to provide access to existing services” (Professional).

Theme 7: Support for specific population groups

Older people

Respondents identified gaps in support for older adults, particularly those with mobility issues or recent diagnoses. Comments included: “Lack of support for people with a recent dementia diagnosis” (Professional), “Lack of support for older people/people with mobility issues to get out the house” (Professional), and “Support for older people to learn how to be digitally confident” (Professional).

Children and young people

There were concerns about the lack of services for children and young people, especially around mental health, sexual health, and financial support. Examples include:

> Carers service for young people is practically non-existent (Professional)
>
> Lack of sexual health support for young people now Newcroft and Streetwise no longer offer these services (Professional)
>
> Mental health for children and young people – very limited options (Professional).

Other population groups

Additional population groups identified as underserved include people with learning disabilities, autistic individuals, low-income families, and ethnic minority communities. Respondents shared:

> Limited support for individuals with disabilities, no clear direct services for autistic individuals (Professional)
>
> Support for minority ethnic groups – more welfare rights provision is needed (Professional)
>
> More support for low-income families to access training, financial support and practical support with how to cook easy, cheap and healthy meals (Professional).

Q4: What kind of community wellbeing provision would help filling the gaps of what your service/organisation currently offer or the service you commission?

We received 39 open-ended responses to the question exploring gaps in early intervention service provision. Thematic analysis revealed five key areas where respondents felt improvements are needed to better support communities.

Theme 1: Neighbourhood and Community-Based Services

A significant number of respondents identified gaps in local, community-based service provision, particularly the need for “integrated”, accessible support within neighbourhoods. There was strong support for the development of “one-stop shop” models that are a “blend of mental/physical health support plus practical advice/support, i.e. housing/financial/employment etc., connecting to wider specialist services” highlighting the importance of a holistic approach.

Respondents stressed the importance of cultural inclusivity and accessibility, with services designed to meet the needs of diverse communities located within easy reach of residents. Suggestions included “more neighbourhood based, drop-in health hubs” and “regular pop-up wellbeing events in high prevalence or hard to reach areas”.

In addition to service design, respondents highlighted the value of employing residents to deliver support within their own communities. This peer-led model was seen as more relatable and effective. One respondent described it as:

> “A role similar to the original Community Health Trainer type offer… People employed in their local community to serve their local community… trained to offer simple, realistic advice and support to help people gain basic life skills around lifestyle and wellbeing” (Professional).

They added that such interventions should be person-centred, offering both one-to-one and group support, and “shaped by the person in need, not by rigid targets.”

Theme 2: Community outreach

Respondents emphasised the need for “Assertive outreach to get out to reach those harder to engage people and really work with them around their issues/concerns. Having the full MDT involved to have different areas of expertise when needed” (Professional).

Another proposed “Early help hubs and outreach mobile or neighbourhood-based outreach teams that proactively identify and support individuals at risk of poor wellbeing before crisis point” (Professional) suggesting home visits, pop-up clinics, and school-based interventions.

In addition, respondents highlighted the importance of raising awareness of existing services. One noted: “Making people aware of what services are available; ensure accessibility via health literacy” (Professional), while another added: “A clear pathway for people to use to get the services appropriate to them… Information given/available at every opportunity e.g. in schools, at events” (Professional).

Theme 3: Co-design/Co-production of services

To ensure services are inclusive, accessible and culturally appropriate, respondents highlighted that services should be “co-designed with local communities to ensure accessibility for people from diverse backgrounds” (Professional). This means involving those with lived experience in shaping how services are planned, delivered and improved.

Another respondent highlighted the importance of collaboration between communities, councils, and organisations, saying:

> More co-design and co-production, collaborative and community-informed services across the board… Heading in the right direction with Public Health Champions, which have real promise (Professional).

Public Health Champions were seen as a valuable resource as they are trusted community members who can help bridge gaps between services and residents. The suggestion was to expand their role across different council departments and work with councillors to support community-led change.

Theme 4: Support for specific population groups

Respondents identified several population groups with unmet needs, including young people, adults with learning disabilities, vulnerable older adults, and working professionals. For young people, one respondent stressed:

> There has to be more mental health support… We have to engage more young people in the long-term benefits of a healthy lifestyle. This is the unhealthiest generation of kids ever” (Professional).

Regarding adults with learning disabilities, a participant shared:

> Currently, it feels there is inadequate practical support… Their diet is often decided by carers or family… It is important to teach carers about the risks of ultra processed/unhealthy foods (Professional).

Support for older adults was also highlighted: “Increased resource and support for vulnerable older people including those with dementia” (Professional). For working professionals, one respondent suggested: “Stronger workplace wellbeing outreach in partnership with local employers, targeting employees who may not access mainstream health services” (Professional).

Theme 5: Funding

Finally, respondents identified funding as a critical gap affecting the sustainability of services. One participant called for “longer cycle funding,” while another noted: “Only funding people who are working or who can work is going to have a significant impact on community health and wellbeing” (Professional). There was also a call for investment in education and skills programmes: “Funding so education and skills courses which promote wellbeing, social inclusion and health can continue through NHS and community services" (Professional). Another added, "Providing funding, training, and partnership opportunities can strengthen their impact and sustainability" (Professional).

Q5: What kind of wellbeing support you feel is currently lacking or residents would need more of in Newcastle?

When asked what types of wellbeing support are currently lacking in Newcastle, the most common response was the need for help navigating available services, with 31 respondents selecting support from link workers or community navigators as shown in figure 12. This was followed by interest in group sessions (e.g. cookery, arts & crafts, walking groups) and personalised one-to-one wellbeing plans, each chosen by 22 respondents. Peer support groups and training sessions were also noted, highlighting a desire for community-based, relational, and tailored approaches to wellbeing. These findings suggest that residents value support that is both accessible and personalised, with clear guidance on how to engage with local services.

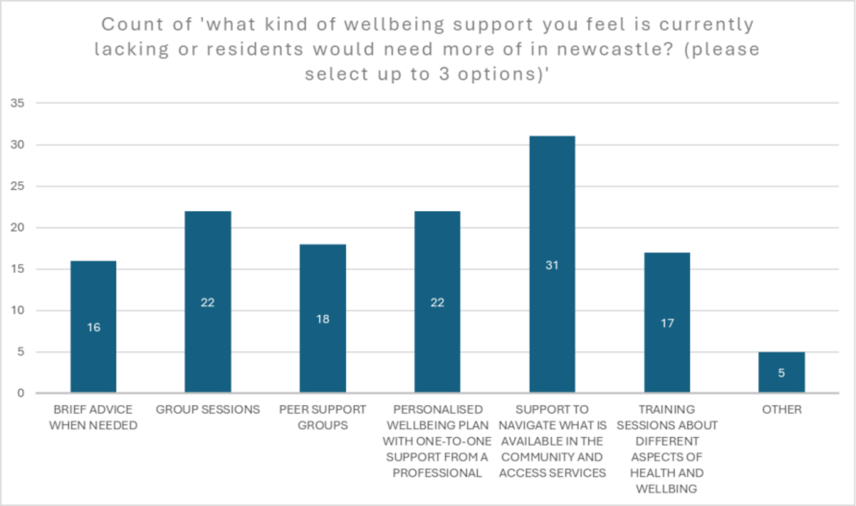


Figure 12: Count of "What kind of wellbeing support you feel is currently lacking or residents would need more of in Newcastle?" (Q5).

Q6: What elements do you think are essential in a new community wellbeing service?

Forty-eight participants responded to this question. As shown in figure 13, when asked what elements are essential in a new community wellbeing service, the most common responses were drop-in sessions in accessible venues and a mixed approach of online and in-person support, each selected by 26 respondents. This highlights a strong preference for flexible, face-to-face options that are easy to access. There was also notable interest in access to information in multiple languages (18 responses) and in-person support (17 responses), suggesting the importance of cultural inclusivity and human connection. Digital-only options such as mobile apps, telephone services, and online peer support were selected far less frequently, indicating that residents may prefer personalised and community-based approaches over remote or tech-driven solutions.

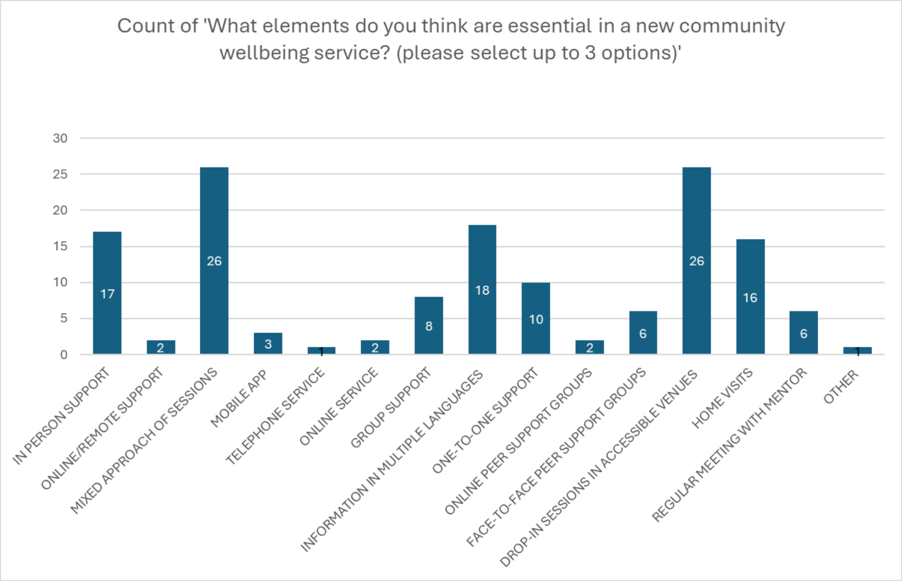


Figure 13. Count of "What elements do you think are essential in a new community wellbeing service?" (Q6)

Q7: What would help improve collaboration between current service providers and the new service?

We received 48 open-ended responses exploring ways to enhance collaboration between existing service providers and the new service. Four key themes emerged: regular forums, strong cross-referral pathways, awareness of services, and joint training.

Theme 1: Regular Forums

All the responses showed the value of collaborative working between service providers. To improve on the collaboration, they suggested joined up working together with effective communication through regular meetings, events, and platforms to share updates on services.

Many suggested that regular multi-agency forums would provide opportunities to share updates, case studies, and emerging community needs. One respondent noted the value of "scheduled meetings or forums where providers can share updates, discuss challenges, align approaches, and build relationships to foster trust and teamwork" (Professional). Another emphasized the need for "quick updating about new projects/staff/services in one central place" (Professional) especially given the short-term nature of many initiatives.

These forums were seen as vital for fostering transparency, sharing knowledge, and raising awareness of available services. As one respondent put it: "It is very beneficial to have multiple professionals from different services in one room. They share knowledge and advice and help raise an awareness of various services" (Professional).

Theme 2: Strong referral pathway

Clear and efficient referral processes were identified as essential for seamless service delivery. Respondents called for “strong cross-referral pathways so people can move seamlessly between services” (Professional), such as from smoking cessation to mental health support. Suggestions included having a single point of contact, easy-to-use referral forms, and better follow-up mechanisms. One comment stressed the need for “more information about when referrals take place, and follow up to track what happened”, while another simply called for “clear pathways to follow.”

Theme 3: Awareness of services

A lack of awareness about available services was seen as a barrier to collaboration. Respondents advocated for a centralised system or resource hub to list services, contact points, and referral procedures. This would help reduce duplication and improve navigation for both professionals and service users. One respondent suggested: “A directory of all community services available to make collaboration easier” (Professional), while another proposed: “Co-hosted community events to promote a joined-up offer and raise awareness of the full range of wellbeing services available” (Professional).

Physical or virtual co-location of services—such as in community hubs or GP practices—was also recommended to improve access and foster collaboration.

Theme 4: Joint training

Joint training was viewed as a practical way to build mutual understanding and strengthen relationships between providers. Respondents recommended collaborative sessions focused on shared priorities, cultural competence, and trauma-informed care. One noted that “joint training sessions can build mutual understanding, foster relationships, and align approaches” (Professional), while another emphasized the importance of ensuring “all providers understand each other’s services, referral criteria, and best practice approaches” (Professional).

Q8: If you are referring a resident to this new community wellbeing service, what kind of feedback/outcome data would you like to receive?

The majority of respondents (32 out of 48) expressed a preference for receiving both individual and aggregate outcome data when referring residents to the new community wellbeing service. This indicates a strong desire for comprehensive feedback that captures both personal impact and overall service performance. A smaller number preferred individual data outcomes only (9 responses), while aggregate data alone was favoured by 3 respondents. Additionally, 4 responses fell into the ‘Other’ category, suggesting alternative or unspecified feedback preferences.

Q9: How frequently would you like to receive information about referrals?

Most respondents (39 out of 48) indicated a preference for receiving quarterly feedback on referrals made to the new community wellbeing service. This suggests a strong interest in maintaining regular and timely updates to monitor progress and outcomes. A smaller number preferred biannual (6 responses) or annual (3 responses) feedback intervals, indicating that while less frequent reporting is acceptable to some, quarterly updates are clearly the most favoured option.

Q10: Is there anything else you would like to share to help shape the future of community wellbeing services in Newcastle?

We received 20 responses to this question. In their response, emphasis was placed on the following:

- collaborative working and strengthening communication among service providers,
- neighbourhood/community-based service,
- promoting services offered to make residents more aware,
- making services inclusive of diverse representation of residents and grassroot VCSEs,
- offering person-centred services,
- more support for vulnerable older people, and
- service should offer interpretation support

In addition, there were few responses that suggested setting up peer groups, community panels, or ambassadors to promote inclusive service.

> Similarly, it would be helpful to ensure diverse residents are represented in peer groups and community panels. It is worth considering recruiting those lesser heard voices for such things - linking into staff and teams that work directly with them, as well as VCSE (Professional)
>
> “Identify some well-known ‘personalities’ who could act as ambassadors for the service” (Professional).

Information about the respondents

Details about the professionals completing the questionnaire were gathered, including their roles and the organisations they represent. This information was essential to understand the diversity and expertise of those contributing to the consultation, assess the representativeness of the feedback, and ensure that perspectives from different sectors and professional backgrounds were included. The responses to these questions can be found below.

Q11: Organisation name

Of the total 48 respondents to this survey, 42 responded to this question. As shown in table 5, Newcastle City Council (13) have the highest count of organisation name. However, there are some other mentions of organisation name that could fall under the category of the council, e.g., Intensive Family Support and IFS- Children and Families. Around 50 % of responses came from people working in the VCSE sector.

Table 5. Table depicting organisations respondents represent

Organisation name:	Count
Resident/Individual	2
Newcastle City Council	13
Parkway Medical Group	1
Nuth 0-19 service	2
PAPYRUS	1
Cornerstone Benwell	1
Healthworks	4
Connected Voice	1
Northumbria University	1
Friends of Jesmond Library	1
Be Caring	1
IFS - Children and Families	1
Building Futures East	1
Newcastle Parent Carer Forum	1
Alzheimer's Society	1
St Nicholas catherdral	1
KeyRing	1
Elswick Community Pool and Gym	1
Skills for People	1
Barnardo's/Children and Families Newcastle	1
Disability North	1
Prefer not to say	1
Journey Enterprises	1
Equal Arts Ltd	1
Intensive Family Support	1
Total	**42**

Q12: Type of organisation

Of the total 48 respondents to this survey, 46 responded to this question. Most responses came from professionals working for local authority (16) and Voluntary and community sector (21), while a small proportion came from NHS or healthcare providers (4), private sector (1) and education (1).

Q13: What is your role within your organisation, or the service provided?

Of the total 48 respondents to this survey, 46 responded to this question. Many of the professionals who responded are either frontline staff/practitioner (17) or service manager/team leader (14), followed by senior leadership/executive (7).

Q14: What geographical areas does the service currently serve?

Of the total 48 respondents to this survey, 44 responded to this question. The services of many of the professionals who responded serve the whole of Newcastle (21), 13 provides their service in Newcastle and also other areas of the North East such as Gateshead, while 11 serves specific areas of Newcastle such as the West End.

Q15: Which areas does the service you provide cover?

The responses show that the services provided by respondents span a wide range of wellbeing areas. The most commonly covered area is mental health and wellbeing (31 responses), followed by lifestyle support (24), employment and volunteering (22), and training and skills (22). Other frequently mentioned areas include friends, family and social connections (21), physical health and symptom management (17), and financial wellbeing (15). Less commonly covered but still significant areas include housing support (11) and other services (12), indicating a diverse landscape of provision across the community wellbeing sector.

Q16: Do you currently deliver or commission any health and wellbeing services in Newcastle Upon Tyne?

Of the total 48 respondents to this survey, 45 responded to this question. The most of them (30) deliver or commission services with focus on health and wellbeing in Newcastle.

Q17: Please briefly describe below the service you provide/commission

We received 33 responses to this question. Respondent provided the name of the services they delivered, and some mentioned their target groups. There was no reference to information pages.

Most of the services respondents offers are health and wellbeing services which include:

- PCN Social prescribing
- Sexual health
- Arts, reading for wellbeing
- Suicide prevention service
- Smoking cessation support
- Physical activity programmes
- Mental health
- Healthy parent carers programmes

Other services mentioned include assisted living accommodation, adult social service, and various types of support.

Target groups mentioned include children aged 5 and under, families, breastfeeding mothers, parent carers of children and young people up to the of 25 who have SEND, elderly people, adults with learning disabilities, adults with dementia.

9.3 Resident survey findings

Q1: What types of support or services do you think are most needed in your community?

All the 133 respondents to this survey responded to this question and they were able to select more than one option. As shown in figure 14, the support services with the highest counts to be most needed in the community include: help with healthy living (65 counts), social activities and local community groups (64 counts), help with long-term health conditions (52 counts), support for mental health (51 counts) and help with digital skills and getting online (51 counts).

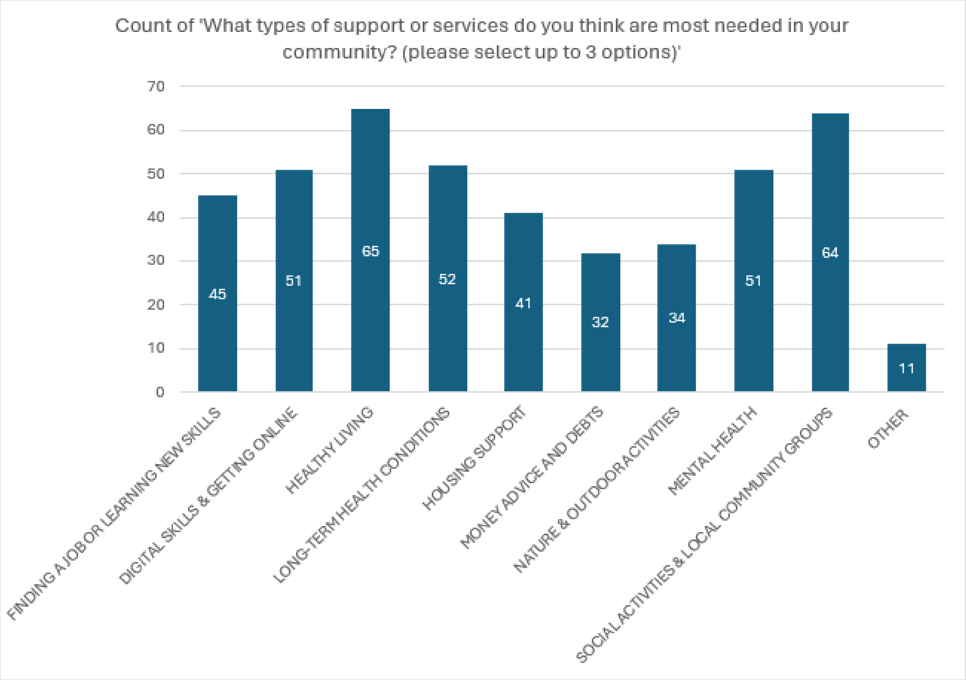


Figure 14. Count of ‘what types of support or services do you think are most needed in your community? From Q1.

Q2: What kind of support would make the biggest difference to you or your household?

Out of 133 total respondents, 99 provided open-text responses to this question. These responses were thematically analysed, resulting in nine distinct themes. The three most frequently mentioned were:

- Social activities and local community groups (mentioned 27 times)
- Physical activities (mentioned 25 times)
- Health literacy (mentioned 15 times)

Theme 1: Social Activities and Local Community Groups

Social activities and local community groups was the most frequently cited theme. Respondents expressed a strong desire for opportunities to connect with others through community-based social events and groups.

> Social activities and local community groups. Our area has no 'hub' – nothing to draw the community together and create a feeling of connection. Or, the hubs we do have (e.g. the library) don't have social events. (Resident)

Some respondents specified the types of activities they would like to see: “Social activities like cooking” (Resident), “Social activities (dance, events...)” (Resident), “Social activities (events, drama & art)” (Resident).

These responses suggest that investment in inclusive, accessible social programming could significantly improve wellbeing, particularly for those experiencing loneliness or disconnection.

Theme 2: Physical Activities

Physical activity was the second most common theme, with respondents calling for more opportunities to engage in exercise and movement within their local areas. This included both structured activities and improvements to infrastructure.

Examples of desired activities included: “Activities in the local community centre e.g. basic exercises for over 50s” (Resident), “Physical activity such as swimming or gym” (Resident), “Physical activities (dance for women)” (Resident), “Physical activities (dancing, bike riding)” (Resident).

In addition to activities, respondents highlighted the need for facilities and spaces that support physical wellbeing: “Beautiful accessible play parks in communities well maintained” (Resident), “Build our swimming pool and sports complex outer West” (Resident), “Support with health & fitness. Maybe something like Slimming World” (Resident).

Theme 3: Health Literacy

Respondents expressed a clear need for better access to health information and education. This included practical advice on diet and exercise, as well as general health awareness.

> Healthy diet info – recipes. (Resident)
>
> Health Awareness Sessions. (Resident)
>
> Advice about healthy eating and exercise. (Resident)
>
> Information sessions that anyone can attend. (Resident)

This theme suggests that improving health literacy through community-based education could empower residents to make informed choices and manage their wellbeing more effectively.

Theme 4: Access to Services and GP Support

Many respondents raised concerns about the accessibility of health and wellbeing services. There was a desire for more localised support, including health checks, screening, and holistic advice. Comments included:

> A local holistic advice centre. (Resident)
>
> Better local health services i.e. health checks/screening. (Resident)
>
> To be able to go somewhere and access support when needed. (Resident)

Others highlighted barriers to accessing care, particularly among ethnically minoritised groups: “Easy access to doctor of colour” (Resident).

Theme 5: Mental Health Services and Support

Although less frequently mentioned, “mental health support” was identified as a critical need by several respondents in particular “urgent access to mental health when needed”. This theme underscores the importance of responsive and accessible mental health services, particularly in times of crisis.

Theme 6: Prevention of Anti-Social Behaviour

A few respondents expressed concerns about safety and anti-social behaviour in their communities, particularly involving young people.

> Reduction in anti-social behaviour (mostly from young males) to increase feeling of safety & security. (Resident)
>
> Police pressure to combat anti-social behaviour. (Resident)

These responses suggest that community safety initiatives could play a role in improving overall wellbeing.

Theme 7: Digital Skills and Access

Digital inclusion emerged as a minor but important theme. Respondents noted the need for training, support with online tasks, and access to digital tools.

Theme 8: Clean Environment

A small number of respondents called for improvements to the cleanliness and maintenance of their local areas.

Theme 9: Other Support

This final theme captures a range of less frequently mentioned but still valuable suggestions. These include practical support with household tasks, financial advice, transport, and employment.

Q3: Are there any gaps or issues in current services that you think need to be addressed?

This question aimed to identify perceived gaps in existing services, whether due to inaccessibility, unmet needs, or complete absence. Of the 133 total respondents, 85 provided open-text responses. These were thematically analysed, resulting in six key themes, with the following four emerging most frequently:

- Funding, Cost of Living, and Welfare Support (mentioned 20 times)
- Access to Services (mentioned 12 times)
- Mental Health Services and Support (mentioned 8 times)
- Transport Services (mentioned 6 times)

Theme 1: Funding, Cost of Living and Welfare Support

The most frequently cited issue was the financial barrier to accessing wellbeing services. Respondents described how “low income...cost of living”, and “affordable access to fitness facilities or classes” prevent people from participating in activities that could improve their health and wellbeing. One participant highlighted that gyms and classed are “So expensive that only the elite or well-off can afford them” (Resident).

Some respondents linked financial hardship directly to their mental health: “Lack of funds for traveling. Not being able to go out affects my mental health” (Resident).

Others highlighted gaps in support services for those experiencing financial distress such as hardship support, welfare rights and debt support.

Theme 2: Access to Services

Respondents described a range of issues related to accessing both health and community services. These included geographic barriers, digital exclusion, and lack of face-to-face support.

> Easy access [central to Chapel Park] hubs to promote mobility and activity, currently non-existent. (Resident)
>
> A&E not being used as a GP as it stated accident and emergency only. (Resident)
>
> No access to doctor or dentist. (Resident)

Digitalisation of services was seen as a barrier, particularly for older adults. There were also calls for practical support with navigating systems: “Help to complete forms (e.g., TIMS online application or other online forms)” (Resident).

These responses highlight the need for more inclusive, locally available, and user-friendly services that accommodate diverse needs and preferences.

Theme 3: Mental Health Services and Support

Mental health services were described as difficult to access, especially for those with complex or severe needs. Respondents expressed frustration with long waits and limited availability of appropriate support.

> Mental health services are absolutely impossible to get to. The talking therapies is probably good for those who have milder mental health conditions… but when your mental health has been impacted by deep trauma they are unable to work with you and so then you are in an unending wait for more specialist support. (Resident)

Some respondents linked the lack of social activities to poor mental health outcomes: “Lack of social activities that impact mental health” (Resident).

These insights suggest that mental health services need to be more responsive, trauma-informed, and integrated with community-based supports.

Theme 4: Transport Services

Transport was identified as a barrier to accessing services, activities, and support. Respondents described confusion around bus systems, limited availability, and the impact of distance.

> I can't understand the numerous bus timetables/ pick-up points/ companies/ fares. (Resident)

> Also transport access. (Resident)

> Transport is vital to most groups and not too far away from home. (Resident)

These comments point to the need for clearer, more accessible transport options—especially for those with mobility challenges or limited financial resources.

Theme 5: Social Care Services

A smaller number of respondents raised concerns about adult social care, including high thresholds for support and inflexible care plans. Comments included:

> Social services very poor performance for vulnerable elderly reported via safeguarding. (Resident)

> Care service plans should be more adaptable. (Resident)

> Adult Social Care threshold for support is far too high and unrealistic. (Resident)

These responses suggest that social care services may not be meeting the needs of vulnerable residents, particularly older adults.

Theme 6: Other Gaps

This theme captures a range of less frequently mentioned but still important issues. These include lack of awareness of available services, housing support, digital skills, and targeted support for specific groups.

Q4: What would make it easier for you to access community wellbeing services?

Of the total 133 respondents, 123 responded to this multiple-choice question. As shown in figure 15, appointments in local places that are easy to get to have the highest counts (103) for what would make it easier to access community wellbeing services. Flexible appointment times, including evenings or weekends (82), online or phone appointments (59), and help with travel costs (50) were the other three options with high counts.

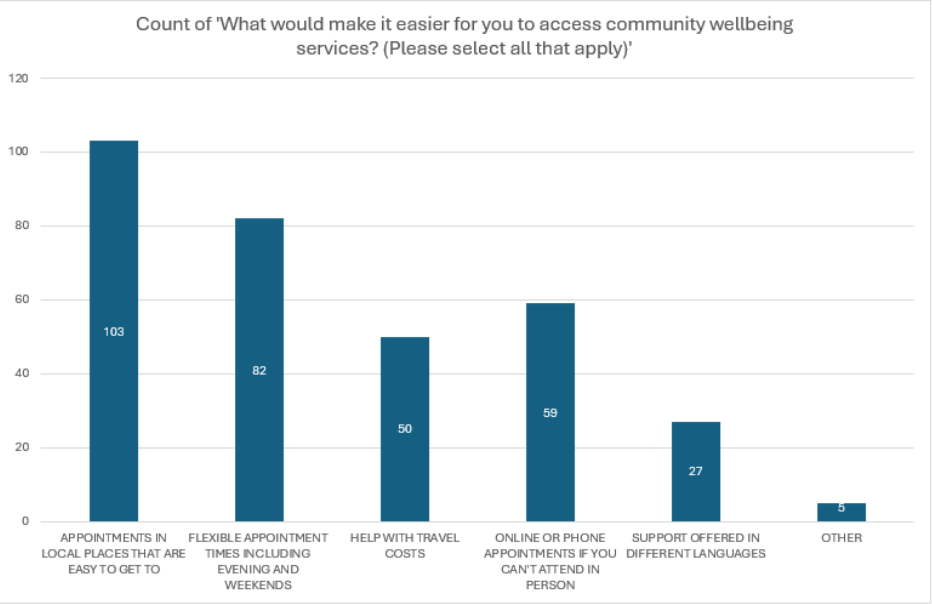


Figure 15. Count of ‘What would make it easier for you to access community wellbeing services? From Q4.

Q5: Where would you prefer to access these services?

Of the total 133 respondents, 123 responded to this multiple-choice question. As shown in figure 16, the two options with the highest counts for where they would prefer access to services were local community centre (91) and GP surgery or health centre (81).

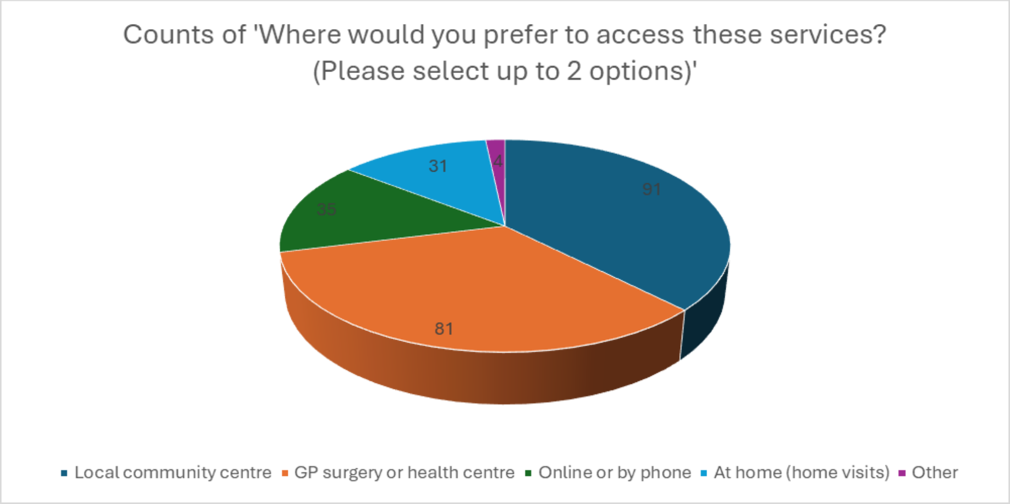


Figure 16: Count of ‘Where would you prefer to access services?’ from Q5.

Q6: What times of day would be most convenient for you to attend activities or appointments?

All the 133 respondents responded to this multiple-choice question. As shown in, the options with the highest counts for the time of day that would be most convenient to attend to activities were weekday afternoons (56), weekday mornings (55), and weekday evenings (47).

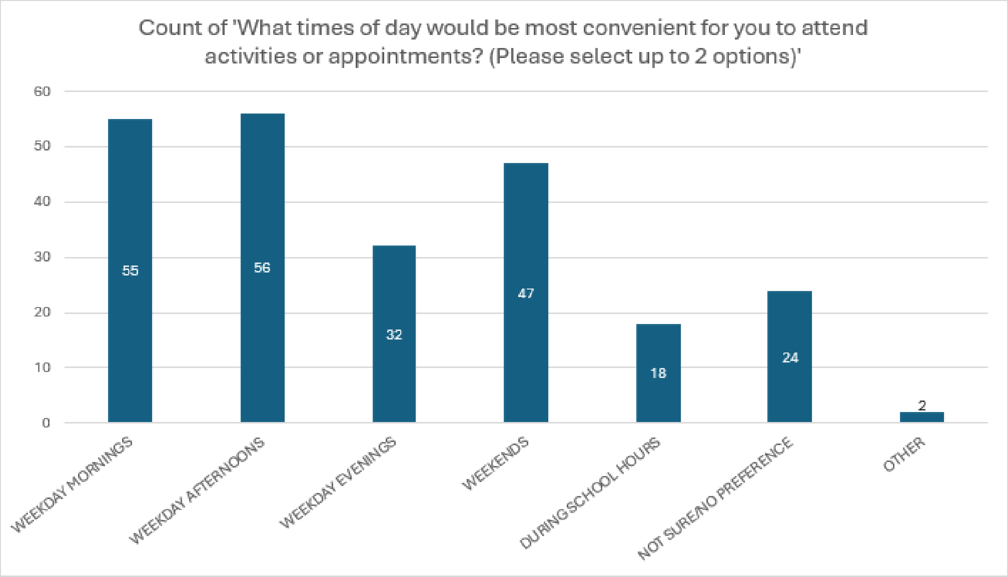


Figure 17: Count of 'What times of day would be most convenient for you to attend activities or appointments? From Q6.

Q7: How long do you think support should be available for someone using a community wellbeing service?

All the133 respondents responded to this multiple-choice question. As shown in figure 18, the options with the highest counts for how long support should be available for someone using a community wellbeing service were as long as the person needs it (75) and no time bound (49).

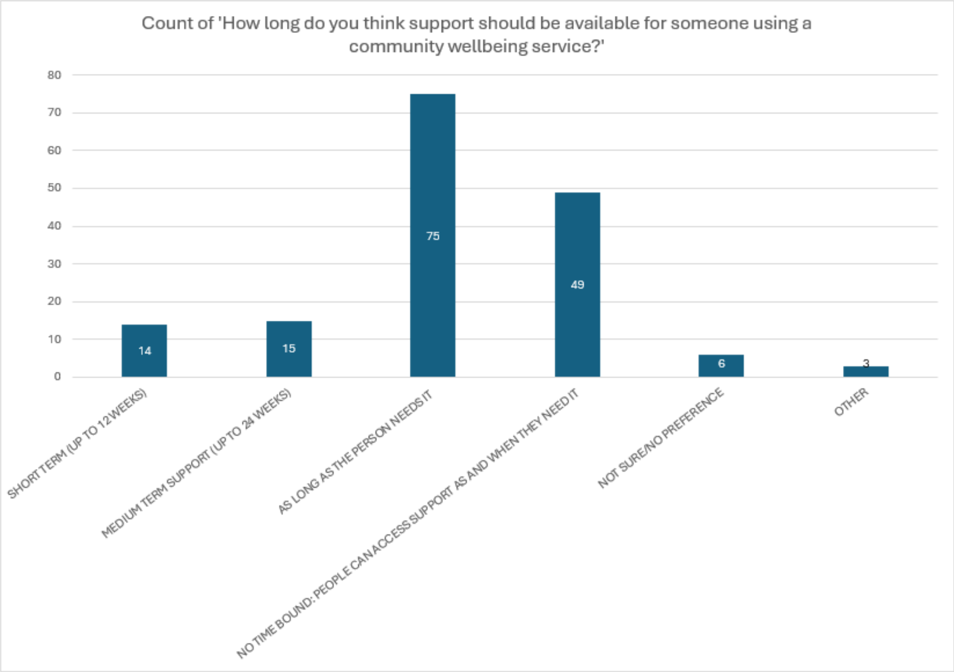


Figure 18. How long do you think support should be available for someone using a community wellbeing service?' From Q7.

Q8: What kind of support would you find most useful?

Of the total 133 respondents, 131 responded to this multiple-choice question. As shown in figure 19, the options with the highest counts for the kind of support they would find most useful are brief advice or information as and when needed (73), help finding and connecting with other services (60), personalised wellbeing plan (57). The other four options to this question also have considerable high counts.

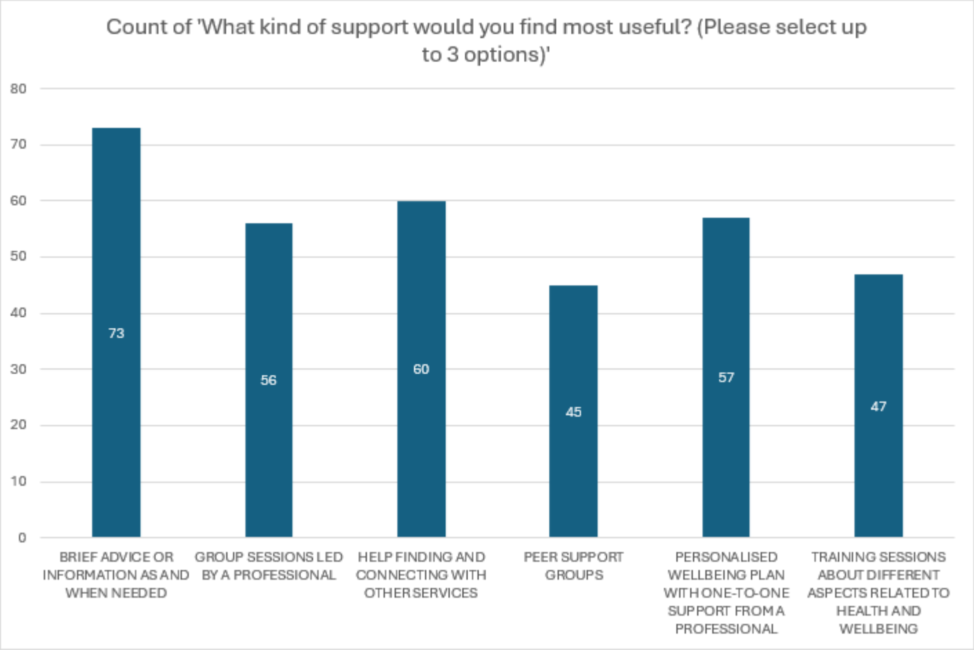


Figure 19. Count of 'What kind of support would you find most useful? (Q8)

Q9: How important are the following features in a community wellbeing service to you? (Please rate each one from 1 to 5, where 1 = Not important and 5 = Very important)

For this question, respondents were asked to rate, on a scale of 1 (not important) to 5 (very important) how important the listed features are to them in a community wellbeing service. Of the 133 respondents, 117 responded to the rating. As shown in figure 20, access to in-person support (82), locations that are easy to get to (81), one-to-one support (68), and drop-in sessions in local, easy-to-reach places (63) have the highest counts as very important (rated 5) features. On the other hand, information available in different languages (28), a mobile app that offer support when needed (19), access to a telephone service (19), access to online service (15), and group support sessions (15) have the highest counts for not important (rated 1) features.

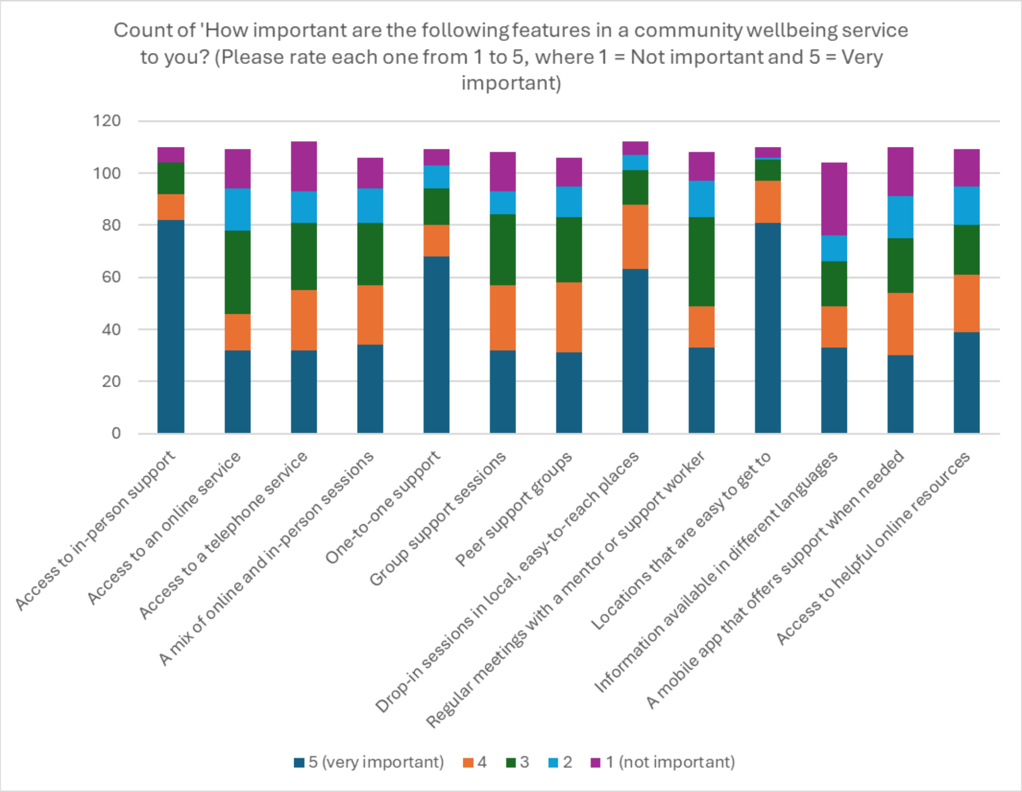


Figure 20. Count of ‘How important are the following features in a community wellbeing service to you? From Q9

Q10 aimed to understand how many respondents had engaged with services such as mental health support, lifestyle programmes, or social prescribing over the last decade. Out of 133 respondents, 126 answered this question: 68 (54%) said Yes, they had accessed such a service; 57 (45%) said No; 1 respondent was Not Sure.

Q11 was a follow-up question asking those who had accessed a service to specify the type. Out of 133 total respondents, 61 provided details.

The most commonly mentioned services were:

- Mental health support (e.g. counselling, talking therapies) – 28 mentions
- Lifestyle services (e.g. diet, weight management, exercise, arts) – 20 mentions
- Other services included:
    - Community Wellbeing Pathfinder (CWP)
    - Diabetes and podiatry support
    - Drug and alcohol services
    - Social prescribing
    - Social care (e.g. home/respite care)
    - Volunteering and social activities
    - NHS services (e.g. GP, psychiatric, musculoskeletal)
    - Health awareness sessions
    - Digital support

  - Money advice

Some respondents also described how they received support through focus groups, one-to-one sessions, meetings, and events.

Q12 aimed to identify how many respondents had specifically used the CWP service. 62 people responded: 20 (32%) said Yes, they had accessed the CWP service; 42 (68%) said No.

Q13: What went well when accessing the community wellbeing or health and wellbeing service?

Of the 133 respondents, 57 responded to this question. Their responses on what worked well when they accessed community wellbeing or health and wellbeing service were:

- Accessibility- they were able to gain easy access to services, including provision for transport.
- Friendly services- services were delivered by friendly, great people.
- Nothing- some mentioned nothing worked well.
- Follow-up- being followed up or receiving regular check-in after first contact.
- One-to-one support
- Peer support
- Community support such as clubs, community groups
- Person-centred
- Timely response- not having to wait too long to be attended to
- Feeling valued
- Communication- having someone to talk to or listen
- Face-to-face contact
- Useful information
- Service provided for in preferred language- received language support, interpretation and translation service
- Efficiency- improvement in health after using service and improved knowledge on healthy lifestyle
- Finding the right service
- Therapeutic sessions
- Meet others in the same situation

Q14: What could have been better?

Of the 133 respondents, 49 responded to this question. Their responses on what could have been better when accessing community wellbeing or health and wellbeing service were:

- Flexible offer- this includes being flexible with duration of delivering service, providing service or sessions for individual for as long as needed.

  > “Longer time, so 12 sessions with no time-frame, i.e., 12 sessions over 24 weeks so weight can be monitored for longer”

> "1 off support and an app were not useful"

- Planning care with clients from the early stage

> "Access to a person/persons from early stages of dependence assessment to discuss options. Case progressed without our knowledge and agreement despite POA for both health and wealth. Entire service was shockingly inadequate."

- Accessibility- services should be at easy to get to venues.

> "Venue very difficult if I hadn't had a car"

- Face-to-face contact
- More joined up service
- Service delivered by experts on the subject

> "Being linked with a trained professional, rather than a customer service person with a bit of rudimentary training in mental health awareness. Mental health issues are complex and deep-rooted - it's far more than just feeling a bit sad/worried. It wasn't long before my 'mentor' felt out of her depth and just stuck to her script...! I gave it my best shot, but it really was very surface-level and didn't offer the support I needed."

- Service located in communities or local areas

> "To have these services in my Community Hub"
>
> "If these services could be provided in my community centre."

- Care after diagnosis
- Hardship support
- Organising social events
- Everything- "The whole thing"

Q15: Why did you not access a service in the past?

Of the total 133 respondents, 52 provided answer to the reason they did not access a service in the past. Participants were given a list 8 options to select as many that applies to them as shown in figure 21. I didn't feel I need any support (30), and I didn't know what services were available (16) had the highest counts.

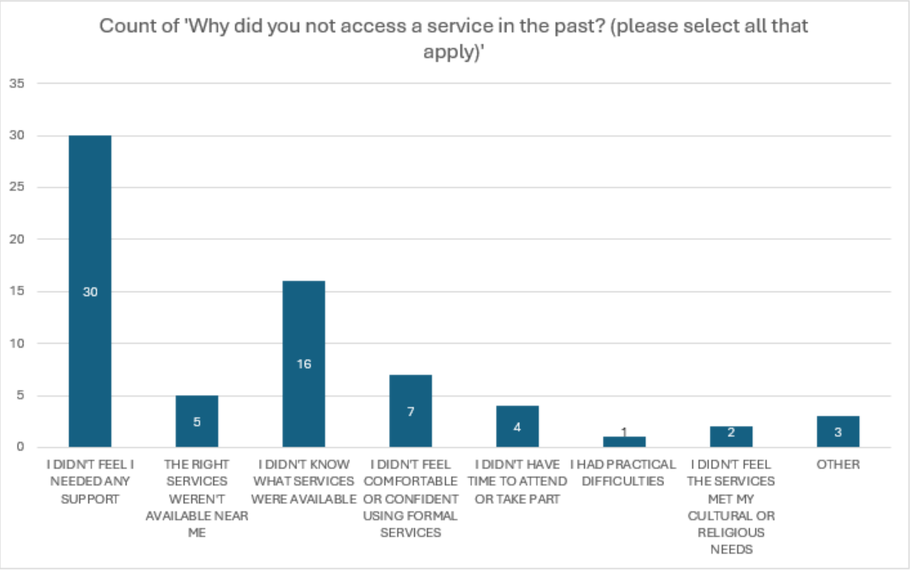


Figure 21: Count of ‘Why did you not access a service in the past? From Q16

Q16: Is there anything else you would like to share to help us design a service that meets your wellbeing needs and those of your community?

This open-ended question invited respondents to share additional ideas, concerns, or suggestions to inform the design of a community wellbeing service. Of the 133 total survey participants, 82 provided responses, which were thematically analysed into eight key themes. These themes reflect practical, emotional, and structural considerations that respondents believe are essential for a successful and inclusive service.

Theme 1: Cost-Efficient Service Design

Respondents emphasised the importance of using resources wisely and avoiding duplication of existing services. There was a clear call for targeted investment in areas of genuine need.

> Please don’t waste money duplicating services already available. Plenty of health advice is already out there. Spend any limited funds you have in providing services that are difficult to find in the community or NHS already. Focus on more one-to-one support for those most in need. (Resident)

This feedback suggests that service design should begin with a thorough mapping of existing provision to identify gaps and avoid redundancy.

Theme 2: Accessibility

Accessibility was a major theme, with respondents calling for services to be physically and digitally inclusive. Suggestions included locating services in community hubs, libraries, and family centres, and ensuring that digital-only models do not exclude older adults or those without internet access.

> Many more people living in single households now. Not all can afford devices or online access, so local accessible venues/offers like in libraries or children and families hubs are really important. (Resident)

Respondents also proposed: “Professionals can come to our Hub to deliver sessions” (Resident).

Theme 3: Social Amenities and Infrastructure

Several respondents stressed the importance of investing in physical spaces that promote wellbeing, such as parks, green spaces, and community centres.

> Fix the parks and community spaces. Build the pool in the Outer West. Give people places to go and wind down without the pressure. (Resident)

> For my community there are very few green spaces we can easily get to… There are no play parks near my house so nowhere for small children to be taken to play unless it involves a long walk crossing very fast busy roads or a bus ride which is not affordable on a regular basis. (Resident)

Theme 4: Peer Research and Co-Design

Respondents expressed a desire to be actively involved in shaping services through consultation, peer research, and focus groups. Comments included:

> I think you should do some peer research within local communities. (Resident)

> Important to be talking to general public. (Resident)

> I'd be happy to sit on a focus group. (Resident)

> We need to be consulted through consultation events to give our views. (Resident)

This theme reflects a strong appetite for participatory design and community-led approaches.

Theme 5: Involve more VCSE Organisations

There was a clear call to involve VCSE organisations in service delivery, recognising their grassroots reach and impact: “Don't underestimate the impact of work done in small spaces by charities” (Resident), and “More budget should be put into it and more VCSE involved than Healthworks” (Resident).

This feedback suggests that partnerships with trusted local organisations could enhance service relevance and accessibility.

Theme 6: Support for Children and Young People

Respondents highlighted the need to prioritise young people’s wellbeing through dedicated services and activities.

> Ensuring we prioritise our young people and delivering a city that supports them to live as long and happy a life as they can. Play spaces that support children's physical wellbeing, gym, pool, court and football access would be amazing. (Resident)

Theme 7: Mental Health Services and Support

Mental health was again raised as a priority, with suggestions for more frequent and varied support options: "More options. More about mental health" (Resident), "Daily / weekly mental health groups" (Resident).

This feedback aligns with earlier findings and reinforces the need for accessible, ongoing mental health support.

Theme 8: Other Suggestions

Respondents also shared a range of additional ideas to improve service design, including:

- Tailored services to meet individual needs
- Improved service awareness through newsletters and outreach
- Home visits for those unable to travel
- Social activities such as cooking and trips
- Computer courses for digital inclusion
- Out-of-hours services for working individuals
- Affordable pricing to ensure access
- Accountability of professionals delivering services

Demographic information

The following questions aimed at collecting demographic information of people completing the questionnaire. This was gathered for multiple reasons, including helping interpret results correctly highlighting strengths and limitations, showing whether the respondents reflected the wider population or target audience, and ensuring that diverse voices were heard.

Q17: What is your sex?

All the 133 respondents answered the question about what their sex is. 81 (61 %) answered female, 33 (24.8 %) answered male, and 19 (14.3 %) prefer not to say.

Q18: Is the gender you identify with the same as your sex registered at birth?

All the 133 respondents answered the question about whether the gender they identified with is the same as their sex as registered at birth. 110 answered yes, 0 answered no, and 23 prefer not to say.

Q19: Please describe your gender identity

This question would be asked only if the respondent selected “No” to the previous question. Of the total 133 respondents, 0 responded to the question on describe your gender identity.

Q20: Which of the following best describes your sexual orientation?

All the 133 respondents answered the question about which best describes their sexual orientation. 91 (68.4 %) answered straight/heterosexual, 36 (27 %) answered prefer not to say, 6 answered other, 4 answered bisexuals, and 2 answered gay or lesbian.

Q21: What is your age?

All the 133 respondents answered the question on what your age is. The 5 age groups with the highest counts were 70-79 (37), 50-59 (22), 65-69 (16), 30-39 (14), and 40-49 (11).

Q22: What is your ethnic group?

All the 133 respondents answered the question on what your ethnic group is. 95 (71.4 %) answered White or White British, 21 (15.7 %) answered Black, Black British, Caribbean or African, 10 (7.5 %) answered prefer not to say, 5 (3.7 %) answered Asian and Asian British, 1 answered mixed or multiple ethnic groups, 1 answered other, and 0 answered Chinese.

Q23: What is your religion?

All the 133 respondents answered the question on what your religion is. 76 (57.1 %) answered Christian, 30 (22.5 %) answered no religion, 15 (11.3 %) answered prefer not to say, 8 (6 %) answered Muslim, 2 (1.5 %) answered Hindu, 1 (0.75 %) answered Jewish, 1 (0.75 %) answered other, and 0 answered Buddhist and Sikh.

Q24: What is your employment status?

All the 133 respondents answered the question about employment status. 51 (38.3 %) answered retired, 20 (15 %) answered prefer not to say, 18 (13.5 %) answered employed full-time, 16 (12 %) answered employed part-time, 11 (8.3 %) answered student, 6 (4.5 %) answered unemployed and looking for work, 4 (3 %) answered self-employed, 4 (3 %) answered caring, 2 (1.5 %) answered looking after the house, and 1 (0.75 %) answered never worked.

Q25: Housing Status

All the 133 respondents answered the question about housing status. 58 (43.6 %) answered I own my own home, with or without mortgage, 47 (35.3 %) answered council or social landlord, 16 (12 %) answered prefer not to say, 7 (5.3 %) answered private landlord or letting agency, and 5 (3.7 %) answered other.

Q26: Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

All the 133 respondents answered the question about having any physical or mental health conditions or illnesses lasting or expected to last 12 months or more. 52 (39 %) answered no, I do not have this, 33 (24.8 %) answered yes, and they reduce my ability to carry out day-to-day activities a little, 32 (24 %) answered yes, and they reduce my ability to carry out day-to-day activities a lot, and 16 (12 %) answered prefer not to say.

Q27: Please write the first part of your postcode.

Of the 133 respondents, 106 answered the question about providing the first part of their postcode. 27 answered NE6, 22 answered NE15, 23 answered NE4, 17 answered NE5, 12 answered NE3, 2 answered NE2, 1 answered NE1, 1 answered NE8, and 1 answered NE28.

10. Strengths and Limitations

The consultation demonstrated several notable strengths that contributed to its success. By combining multiple strategies and formats, the process ensured that diverse voices were heard, and meaningful insights were gathered to inform future service design.

First of all, the questionnaire was promoted widely through multiple channels, including the Let’s Talk Newcastle platform, social media posts, email distribution to networks and organisations, and printed flyers with QR codes placed in libraries, leisure centres, and civic buildings. This ensured broad visibility and encouraged participation.

A wide range of stakeholders were consulted, including service users, current service providers, professionals from the public and voluntary sectors, and residents from diverse backgrounds. This helped capture a variety of perspectives and lived experiences.

Furthermore, multiple formats were offered to suit different preferences and accessibility needs. These included online and paper surveys, focus groups, one-to-one interviews, and a workshop. This flexibility reduced barriers and allowed participants to choose the most convenient option, ensuring that engagement was inclusive, accessible, and reflective of diverse voices.

When arranging focus group with residents, we reached out to local organisations to arrange them in familiar community settings. This ensured that participants could attend sessions in places they already knew and trusted, reducing barriers and creating a comfortable environment for engagement. Furthermore, residents attending focus groups were offered £20 Love2Shop vouchers, which provided flexibility and choice while reducing financial barriers to engagement.

Lastly, over 260 individuals took part in the consultation, including 133 residents and 48 professionals through completing questionnaires, and additional engagement through focus groups, interviews, and workshops. This strong response provided a robust evidence base for the findings.

Nevertheless, the consultation activities conducted have some limitations that is important to acknowledge. Despite best efforts to contact and engage with stakeholders and partners from a range of services and backgrounds, we were unable to reach key target groups such as ethnic minorities and those living in IMD 1. This was because of having sessions planned that did not go ahead due to the organisation not confirming. Although we attempted to reschedule, the limited timescale meant proceeding would have compromised the quality of the focus group, for example by making it difficult to secure appropriate translation support.

Some potential key target groups (e.g., older adults) were not included in the initial consultation plan. However, efforts were made to distribute the survey as widely as possible. Demographic information about people completing the survey shows that 44% were older adults (65 +), showing a good representation of this target group in the survey.

Furthermore, delays in correspondence affected timescale to arrange engagement sessions prior to the deadline. Going forward these issues could be negated if existing links with community partners and NCC were utilised to encourage participant and engagement with target groups.

Despite this perceived lack of engagement, 133 residents were consulted via the survey both online and distributed in person, and 81 were consulted via focus groups, and they provided rich, qualitative feedback. Focus groups were held across multiple localities across the city, ensuring accessibility and enabling engagement with a diverse range of communities and neighbourhoods.

A further 48 people completed the professional's questionnaire. Engagement was considerably higher from the VCSE sector. Despite targeted outreach of the survey to NHS providers, participation from NHS and GP services was notably lower. In the future, we recommend offering flexible formats, including paper copies, delivered to their locations.

A further limitation was that some individuals filled out the survey distributed in person incorrectly (e.g., some questions required a minimum or maximum response which people did not abide by). Despite this, we were able to adjust the settings on the survey to not require maximum or minimum answers so we could still capture their responses.

During the final focus group session with residents, two project workers from Everyturn were present and actively participated in the discussion. This was unknown to the interviewers until the start of the interview. While the involvement of the project workers may have enriched the conversation, it could have introduced bias by influencing how residents expressed their views.

11. Recommendations

- **Community-based delivery:** services should be embedded within local communities, using venues that are familiar, accessible, and offer privacy (e.g., libraries, community centres, faith spaces). This helps reduce stigma and increases engagement by meeting people where they are. Transport support is also essential to improving access.

- **Holistic support:** services should take a whole-person approach, addressing their physical, mental, emotional and social needs. However, to avoid confusion, the scope of support must be clearly communicated to residents and professionals, outlining what is included, what is not, and how it complements other services.
- **Varied support formats:** services should offer a mix of one-to-one and group support, both in-person and online. This allows individuals to choose the format that best suits their needs, preferences, and comfort levels, promoting engagement and accessibility.
- **Flexible service design:** flexibility in service delivery is essential, including adaptable session numbers, extended support durations, and options for re-referral, particularly for clients with complex needs. Services should operate during evenings and weekends to accommodate different lifestyles, work patterns, and caring responsibilities.
- **Embedded long-term wellbeing support:** beyond crisis intervention, services should promote continuity of care through proactive follow-up, peer support networks, and community-based wellbeing activities.
- **Bridging waiting times:** with long waiting lists for statutory and specialist services, there is a need for interim support that prevents people from reaching crisis point. This could include low-level mental health support, peer-led groups, or regular check-ins to maintain wellbeing while waiting for specialist support.
- **Digital inclusion:** not everyone has access to or confidence with digital tools. Services must offer non-digital alternatives (e.g., phone or face-to-face support) and provide digital literacy support where appropriate to ensure no one is left behind.
- **Accessibility and inclusion:** services must be inclusive of diverse needs, including language support, British Sign Language (BSL), and cultural competence. This involves staff training, diverse representation, and co-production with communities to ensure relevance and respect.
- **Mental health:** mental health remains the most pressing health and wellbeing concern. A public health approach should focus on prevention, early intervention, and building community resilience, rather than relying solely on clinical pathways.
- **Service navigation:** many residents struggle to understand or access the right services. Navigation support, such as link workers, community connectors, or digital tools can guide individuals through the system, helping them find appropriate services. Professionals also need access to up-to-date service directories and referral pathways to support residents effectively.
- **Sustainable funding:** the VCSE sector plays a vital role but often faces unstable, short-term funding. More sustainable long-term investment is needed

to reduce the burden on staff, retain expertise and ensure continuity of support. There is also a need to simplify the grant/funding application process and evaluation.

12. How the consultation findings informed the redesigned service

The consultation findings **directly informed the redesign** of the Community Wellbeing Pathfinder Service and are clearly reflected in the updated service specification. Feedback from residents, professionals and service provider has been carefully considered alongside evidence, local priorities and delivery constraints, and has directly informed decisions about the service model, scope and delivery requirements.

Similarly to the previous service, this model continues to provide **holistic support** to address a wide range of health and wellbeing needs, building on what worked well while responding to issues raised through the consultation. The service also retains a **flexible delivery model**, offering multiple ways for people to access support, including one-to-one face-to-face or remote appointments, telephone-based support, and community-based drop-in sessions, with the option to access one-off support or more structured, longer-term support depending on individual needs and circumstances.

In response to consistent feedback that short-term support was insufficient for people with complex or multiple needs, the duration of one-to-one support has been extended to **up to 12 sessions delivered over a 24-week period**, replacing the previous shorter and more time-limited model. This change reflects participants' calls for greater continuity, trust-building, and phased support rather than abrupt endings.

Participants highlighted digital exclusion as a significant barrier and expressed a strong preference for **accessible, community-based provision**, which has informed the prioritisation of **face-to-face delivery in familiar settings** such as Wellbeing Hubs, libraries and community venues, with **flexible remote options** used to reduce barriers where needed. The consultation highlighted transport, cost and mobility as key barriers to access; as a result, the specification now includes explicit requirements for locally delivered sessions and reimbursement of transport costs when appropriate.

Feedback about difficulties navigating services and low awareness of available support led to a strengthened **navigation and single-point-of-access function**, including a **dedicated telephone service** operating with flexible hours, including some evenings and weekends, alongside proactive signposting and referral support. Furthermore, the redesigned service introduces a stronger focus on **information sharing**, including the development of **accessible information resources** for residents and **training** to support community organisations staff and volunteers to build local capacity in prevention and early intervention.

In line with the previous service model, **drop-in provision** continues to be a core component of delivery, with the redesigned service setting clearer expectations around geographically distributed and targeted sessions to improve access and responsiveness.

Consultation with residents and professionals highlighted significant **barriers related to language, disability, and cultural accessibility**. These findings are reflected in clearer requirements around interpreting and translation provision across all service elements, accessibility adjustments, and inclusive engagement practices.

Feedback on system fragmentation informed stronger expectations around **multi-agency collaboration and one-stop-shop drop-in delivery** to improve coordination and access. Finally, feedback highlighted the importance of continuity and learning, leading to clearer expectations around **structured follow-up** after support ends and **the routine use of feedback and co-production principles** to support continuous service improvement.

13. Conclusion

The consultation and engagement activities have provided a rich and detailed understanding of what residents and professionals need from a future Community Wellbeing Pathfinder Service. The strongest themes: accessibility, holistic and person-centred support, navigation and awareness, mental health provision, and community-based delivery reveal a shared vision for a service that is embedded in the community, responsive to diverse needs, and built on trust. Importantly, this feedback has not only informed the overall direction of the service but has also been translated into concrete changes to the service model and specification, as set out in the “How the consultation findings informed the redesigned service” section. The redesigned Community Wellbeing Pathfinder Service reflects both continuity with the previous model and targeted changes informed by consultation feedback. This balanced approach supports a service that remains accessible and flexible, while being better equipped to respond to complex needs and reduce barriers to engagement.

Appendix A

Questions asked in focus groups and 1:1 interviews

1. Focus groups with residents

Questions to cover:

[Questions can be included or added based on how the focus group is going]:

NEEDS AND GAPS

1. What aspects do you feel most affect your health and wellbeing, as well as that of your community?
    - Possible additional question: Would you know how to access support for these issues?
2. What kind of community wellbeing services and support you feel are missing or you would like to see more of in your community?

Possible additional question: why do you think there is a need for these services?

PAST EXPERIENCE

3. If you have used a community wellbeing or a health and wellbeing service in the past what has been good about it?
4. What could have been better/improved?

DESIGN AND ACCESSIBILITY

5. What makes it easy or difficult for you to access a service or support in the community?
    - What are the barriers (e.g., transport, language, making contact, time of day service is available, and so on) that could stop you from accessing a service?
    - What are the aspects that help you to access a service? (e.g., location of appointments, access to remote appointments, reimbursement of travel expenses, etc)

6. Where would you prefer to access a community wellbeing service and why?
7. How would you like to find information about a service and why?
8. How a service can be more inclusive?

VISION AND IDEAS

9. If you could design support or a new service that could make a difference to you or your community, how would it look like?

2. Focus groups with professionals

Questions to cover:

[Questions can be included or added based on how the focus group is going]:

NEEDS AND GAPS

1. What do you feel are the most pressing health and wellbeing needs of Newcastle residents?
2. What gaps do you think exist in the current early intervention service provision?
3. What kind of community wellbeing provision would help filling the gaps of what your service/organisation currently offer?

SERVICE DESIGN AND ACCESSIBILITY

4. What kind of early intervention wellbeing support you feel is currently lacking or residents would need more of in Newcastle?
    - Why do you think this specific kind of support is lacking and residents need more of?
5. In your opinion, what features would make a community wellbeing service truly accessible and inclusive?
6. In which ways we can ensure that the service reaches groups and residents that are currently underserved?
    - Do you have examples of how you managed to reach these groups in the past?

COLLABORATION

8. How do you think services can work better together?
9. How do you think a community wellbeing service can be better integrated with what is already offered in the community by for example VCSE organisations?
10. Do you have some examples of good partnership working?

3. Focus group with current service users

Questions to cover:

[Questions can be included or added based on how the focus group is going]:

EXPERIENCE WITH THE SERVICE

1. What do you feel has worked/is working well in the current service and support you have received?
2. What are the aspects that could be improved?

3. How did you find out about the service? Was it easy to find information about the service?

DESIGN AND ACCESSIBILITY

4. What aspects made it easy to access the service?
5. What aspects could be improved to make the service easier to access?

6. Do you feel you had enough time to receive support about the issue/s you access the service for?

7. How did you find the first assessment/first appointment you attended?
Was it clear from the onset how the service could help you?

VISION AND IDEAS

8. If you could design support or a new service that could make a difference to you or your community how would it look like?

4. Focus group with pathfinders

Questions to cover:

[Questions can be included or added based on how the focus group is going.]

1) What do you think is working well in the current service?
2) What do you think could be improved? (from service users' perspective, from your perspective, paperwork, scales, admin process, etc)
3) What kind of challenges are you facing in the current service? How have you overcome them or are you planning to?
4) What are in your opinion the pros and cons of using the Wellbeing Star? Is there another tool you could recommend instead of the WBS?
5) How do you think the service can collaborate better with what is already present in the community?
6) Are there any other comments or suggestions you have about the service?

5. 1:1 interview with CWP service manager

Questions to cover:

[Questions can be included or added based on how the interview is going]:

1. What do you think is working well in the current service?

2. What do you think could be improved? (from service users' perspective, from your perspective, paperwork, scales, admin process, etc)
3. What kind of challenges are you facing in the current service?

   -How have you overcome them or are you planning to?
4. Do you feel you have adequate resources and support to ensure that the service is effective and successful?
   - Budget available (e.g., is there enough to pay for what is needed, like room hire, transport, etc)
   - Do you feel you have support from Public Health/commissioners? What kind of support from commissioners would help you?
5. How do you think the service can collaborate better with what is already present in the community?
6. Are there any other comments or suggestions you have about the service?

6. 1:1 interview with CWP service manager

Questions to cover:

[Questions can be included or added based on how the focus group is going]:

1. Do you feel the KPIs you are asked to measure are adequate?
2. What aspects would you improve in the KPIs?
3. Do you feel that the KPI to measure if the programme is effective from a service user's perspective (like the ones in the specific outcome section and the Wellbeing star specific ones) are meaningful, proportionate and adequate? If the answer is no, how would you improve them?
4. Have you had or are you having any challenges with data collection and reporting?
5. How have you overcome them or planning to?
6. How do you ensure that the data collected by pathfinders is accurate and complete?
7. How can we ensure ongoing feedback between commissioners and analysts?