



Summary Report

Community Conversations about the South Yorkshire and Bassetlaw Sustainability and Transformation Plan

March-April 2017

1 Introduction

1.1 Details of activity

Following on from discussions with the Commissioners Working Together team, it was agreed that local conversations with local communities would be an ideal approach to gathering more information about perceptions of and feelings towards the South Yorkshire and Bassetlaw Sustainability and Transformation Plan.

The preferred vehicle for managed the local conversations was through local Healthwatch and Voluntary Action/CVS organisations.

It was agreed with the Commissioners Working Together team that, due to time constraints and a need to focussed conversations, local Healthwatch and Voluntary Action organisations would use their existing networks and links with communities and community groups to deliver a number of community conversations and focus group sessions.

2 **Headline Findings**

2.1 **Style and approach**

In order to engage with as many people as possible, local Healthwatch and Voluntary Action/CVS organisations used their networks and membership to arrange specific conversation sessions and focus groups with existing groups.

Throughout the process of communicating and arranging the specific conversations and focus groups there was additional interest from the wider public in being part of the conversations. In many of the local areas there were open access public meetings arranged so that as many people as possible could engage in the conversations.

The conversation sessions with existing groups and networks proved to be the most successful vehicle for engaging with people although there are disadvantages linked to the fact that these groups are already engaged in some aspect of health or social care and are often populated by people who are not at work.

There are also lessons to be learned from publicising public meetings to encourage more people to attend although there is anecdotal evidence to suggest that awareness of both the Sustainability and Transformation Plan and the local Place Plan is so low therefore attendance at public meetings would never have been high.

The conversations that took place in each of the local areas were supported by a topic guide, conversation prompt sheet and an overview of the online survey that participants were encouraged to access and complete.

The topic guide and conversation prompt provided support for a, generally, uniform approach across the South Yorkshire and Bassetlaw footprint although the nature of conversations is such that additional topics and points of interest are drawn into discussions. This fluidity of conversations enabled people to feel relaxed, engaged and valued – this was not a strictly formal approach to gathering views and opinions. In many cases the conversations were supported by food, drinks, informal settings and confidence in the fact that the organisations leading the sessions were independent and impartial.

The independence and impartiality of the lead organisations combined with the more informal approach to the conversations was a key to success and could be a model that it replicated.

There were criticisms of the conversation-based approach. It was initially referred to as 'poor mans consultation' and a 'smokescreen behind which the decision-makers were moving forward with things without consulting people' but once the context and background was explained there was, in the most part, willingness to engage.

Participants are keen to know what happens next – they have engaged in the conversations and Pandora's Box has been opened. People are keen for more involvement and engagement. They have questions to ask and points to raise.

There are more people who do not know about Sustainability and Transformation Plans and local Place Plans than do know about them.

There is an opportunity to engage communities and communities of interest in the on-going development of the details linked to the Sustainability and Transformation Plan – people want openness and transparency.

2.2 Summary of the conversations

The conversational approach combined with accessing pre-existing groups and networks reached 872 people across South Yorkshire and Bassetlaw. This is not a representative sample from the population of South Yorkshire and Bassetlaw but the individuals and groups that were involved are groups and individuals that have either decided to attend a conversation session or a group who have been willing to participate in a conversation session.

As with any conversation about change and especially conversation about change to the NHS there is always a high degree of emotion but the emotional investment in conversations demonstrates the strength of feeling and enthusiasm for on-going engagement and involvement.

The key themes that came out of the conversations across South Yorkshire and Bassetlaw were:

Communication and Engagement – a range of responses from feeling not informed or engaged to positivity about the conversations. There was lack of clarity of both the Sustainability and Transformation Plan and local Place Plans

Transport – longer journey times and potential exclusion for those who do not drive cars/have access to a car

Funding – concerns about privatisation, lack of detail around how changes will be funded but also recognition that there is a finite resource and awareness of what can be done to meet the needs of the population

within the resource available. But what could be done if there was more resource available?

Service change – general agreement that the NHS and Social Care services need to change and develop but there is still a requirement for local services to meet the needs of the local population. Timescales and potential pace of change are a concern.

3 Local conversations – key themes

3.1 Summary

Communication and Engagement

- There is a lack of communication between different areas and elements of the NHS that causes delays, duplication, missed diagnoses and patient anxiety.
- Participants were concerned by the lack of detail and some thought that the conversations were “A waste of time” as there is nothing tangible to comment on at the current time.
- The basis of the plan to do things differently, engage the public, work together and make priorities everyone agrees with.
- People found it hard to understand the STP as the conversations were the first time most had heard about the ideas and themes.
- It was an opportunity for people to explain personal circumstances that they or their family had experienced.
- Generally people are positive about being engaged in this conversations, but have doubts about the timing of the engagement and their ability to influence/shape the decision-making processes.
- Significant number of people felt it was too vague and they wanted more detail about what was going to happen/be changed to comment on (some frustration about this)
- Confusion about the relationship between the STP and place based plans and a lack of awareness about Shaping Sheffield
- Generally the level of understanding and awareness of STP’s was low – the sessions were on the whole the first time most participants had heard about the ideas and themes and most people struggled to grasp the concept behind the STP
- People genuinely want to be involved in the development of their health and care and it seems a good opportunity to build on this interest.
- Importance of engaging grassroots, communities, patients etc effectively, so people feel they can influence plans as they develop and are implemented (not top down)
- Feedback about the video was generally positive but the Plan title and documents were seen as inaccessible (particularly noted in conversations with community groups/young people). ‘Too much STP management speak – switches people off’
- There were comments about the fact that some of the questions were quite leading questions and it was difficult to disagree at such a broad level – people felt it wasn’t until they saw some more detail that they could raise further comments and often this was related to their own individual circumstances and experience.

Transport

- Local smaller centres with specialist teams in would be welcomed, but transport concerns are clearly evident when a centre further away is needed. There is great concern that people without a car would be effectively excluded from accessing care.
- Participants expressed concern that creating “centres of excellence” would mean longer journeys for both people accessing treatment/services and their relatives.

Funding

- Participants were concerned that the STP is a means to “privatisation through the back door”
- The general concerns were that the plan did not indicate how this proposal was going to happen and what the cost will be?
- There was one missed challenge identified – this related to inefficient management and delivery of services. There was a perception that services had been mismanaged in the past, were not delivering value for money and that there was a need for a new management structure which combined both health and care.
- Many people thought it gave a great opportunity for services to work better together
- People want to understand whether changes proposed would be a good idea in any circumstance or are the result of underfunding. Cutting services to fit the money is different to tailoring services to fit the future.
- Some people said it was realistic – looks at today’s needs and what can be done with the resources – and what could be done with more

Service change

- Participants expressed concern that services will be closed.
- People agreed that there is a need to change the way the NHS and Social care works.
- People agreed that there needs to be changes therefore agreed with the plan in principle
- There was a general consensus across the vast majority of people we engaged that it is time to change how the NHS and social care works. They agreed with the challenges outlined by the STP.
- Many people were positive about the ambition of the STP and thought it was ambitious in terms of change.
- Lots of responses saying that social care hardly featured in the Plan – too health biased.
- STP gives us an opportunity to re-think locally what we can do with the resources we have and want.
- Timescale for major cultural, governance and organisational changes is too fast;
- Overall participants recognised the challenges faced by the NHS and Social Care and acknowledged the need for change to take place

- Generally whilst acknowledging the need for change and rationalisation and specialisms of some services most people still wanted to keep services local

3.2 What challenges came up during the conversations?

Throughout the local conversations most people recognised and acknowledged the challenges the NHS and Social care were facing at the present time. There were a range of themed areas that were generally consistent in the conversations across South Yorkshire and Bassetlaw.

Change

- Agreement that there is a need to change the way NHS and social care works. Comments were made that the system keeps changing and old methods reinvented, with lots of model of care of the years.
- It is perceived that partnerships do not always work effectively and that each partner in this STP will seek to protect their own environment or area.
- What status does this plan have?
- There was a general consensus across the vast majority of people we engaged that it is time to change how the NHS and social care works.
- People raised the issue of managing public expectations and reactions. How to take people along and educate them, and give them the impetus to change their lifestyle and take more responsibility for their own health. People felt there is need education from childhood about taking care of our bodies.
- Recognition of the need to change culture as well as structure and recognise difficulty of bringing about change. These organisations are very hierarchical and hierarchy is very fixed.
- “Change to the NHS could be a good thing if they listen to the people.”
- Changing family dynamics which mean that family support for the provision of care in the community is not as readily available as it has been in the past.
- Not everybody wanting to or being capable of receiving care in the community.
- There was some agreement with the challenge of people living longer and recognition that times had changed and services must change to reflect this but also the converse viewpoint whereby the ageing population has been talked about for a long time therefore why is something being done about it now (or are the older generation being blamed for the increased costs of health and social care?)

Workforce

- Concern over workforce levels were raised along with training and development
- Some participants felt that pressure on A&E sometimes was because people couldn't get to see their GP quickly enough or that some people now just expected to be seen immediately and so would turn up at A&E. They talked about difficulties in some cases getting to see the GP when they wanted to.
- People spoke very highly of the health professionals they came into contact with but just felt that they never really had enough time to talk through everything they wanted to with them – different groups talked about feeling lonely, isolated and the fact this had on losing their confidence and they felt their mental and physical health.
- There were feeling that getting and keeping staff was a challenge – there just wasn't enough people and money to go around.
- The pressure on G.P. surgeries was recognised - if additional staff/specialists could be placed in GP surgeries would that help?
- It was acknowledged that GP's have made progress around re-organising and that this is ongoing.

Integration

- Discussions raised questions around having an integrated approach. If there is an ambition to have an integrated approach, then why is health and social care split?
- NHS Clinical Commissioning Groups and partners – questions were raised around who are they and where in the plan?
- Many people simply agree with the challenges as presented but where people did elaborate there were multiple comments about the need for more joined up services
- People agreed that inequalities and poverty, housing, lack of empowerment etc are also major factors and that health problems can't be solved without addressing those areas of deprivation (but seriously questioned how the STP could do this).
- Many people had individual examples and experiences they wanted to tell in regard to their own or family members' treatment. They also talked about the failure to get adequate care for older and vulnerable people leading people to be taking up beds in hospitals when they should be supported at home.
- It was raised that discussions around merging health and social care have been happening since 2002-3 and nothing has changed. However, the group felt that not much progress has been made around health and social care working more collaboratively.

Finance

- Concern that this is another costly initiative that will not deliver relevant, sustainable healthcare.

- People were worried that hospitals would be competing against each other
- If there was a commissioning and tendering process for hospitals to go through this would cost a substantial amount of money
- Will this result in a postcode lottery for services?
- Will a reduction in budgets, compound the demand and difficulties the NHS is facing?
- There were some concerns that if the budget is driving the changes, the changes won't make the difference i.e. reconfiguring might give better services and better value, but it won't bring cost savings.
- People raised comments about lack of funding, inappropriate use including in some examples a belief that increased demand was because more people coming to this country were using services, people with specific problems were over using services e.g. people who had had too much to drink.
- STP's describe (financial) shortfalls as a result of an aging population and rising demand but the real reason is under funding of the NHS and local government
- Members of the public who took part in the conversations were concerned that in order to address the £571million shortfall this would have a significant impact on service provision.

Transport

- Transport is missing from the challenges. This was a clear issue across all age groups especially the 65's and over.
- There were concerns raised about the geography of Bassetlaw and the challenges this presents to people from a transport perspective.
- People expressed concerns about the logistics of travelling further afield to access services, not only for patients but for relatives visiting. They felt that time and cost could be factors that would have a negative impact on a patient's relative being able to visit them whilst in hospital. It is considered that this is important to a patient's recovery.

3.3 What did people feel about the ambitions laid out in the Sustainability and Transformation Plan?

Positive

- Overall people did not disagree with the ambitions laid out in the Sustainability and Transformation Plan but there were questions and discussion about the practical implementation to achieve the ambitions.
- There was a suggestion that the ambition should be changed to 'stay healthy longer'. There was belief that this would put the emphasis on quality of life.
- People felt that the ambition for everyone to have a great start in life, supporting them to stay healthy and live longer was right. There were multiple references to how this was the 'ideal' and that it was 'what everyone wants'.
- People indicated that although they agreed with the ambition they cautioned that it was going to be very difficult to achieve.
- People were positive about the ambition of the Sustainability and Transformation Plan - and thought it was ambitious in terms of change. However there were some comments that it should not just be about living longer but about quality of life when living longer.
- Some people felt that living longer shouldn't be the target and living better should. They talked about the need for dignity in later life.

Cynicism

- Some people stated that it was impossible to disagree with the ambitions – “motherhood and apple pie” whilst other comments that overall there was a huge ambition.
- “If we go along with the Sustainability and Transformation Plans what is going to close and why?”
- What difference is all of this really going to make?
- Good ideas but will they work?

Fears

- There were also fears and concerns that work required to achieve the ambitions could only be achieved by large change across the region rather than by local changes.
- Anxiety that Bassetlaw Hospital is being run down and that it will be closed leaving a substantial and ageing population without local, accessible services (and potential transport issues)
- Any plan must be financially sustainable in the long term and provide services that are not quickly lost as funding is re-assigned.
- People in the groups were fearful for the future of the NHS

Engagement

- It was recognised that there are huge ambitions for the Sustainability and Transformation Plans and that people and groups need to be involved.
- People in the groups were also asking for more public engagement and to ensure the STP guidelines for consultation are followed.
- People commented on lack of publicity on the plans in general and wanted further open meetings both for the public and NHS staff.
- There were feelings that the public should have been more engaged in writing the plan.
- People's voices are not heard enough. There needs to be an increase of communication and explanation so the public can be informed.
- There was a need to consult more with service user groups as a result of the community conversations

What is missing from the ambitions?

- People felt Mental Health is missing and the Care Act needs to be followed
- The patient needs to be at the heart of everything.
- Technology must be utilised to make processes simpler and more streamlined. Although it must not be at odds with the ambitions of the Sustainability and Transformation Plan.

3.4 What were people's views about the 10 priorities laid out in the Sustainability and Transformation Plan?

Many of the participants in the focus groups and conversations voiced general approval for the 10 priorities set out in the Sustainability and Transformation Plan. Some people asked what the ten priorities meant and how they would work in practice

Conversation and feedback indicates that some people feel that the priorities are national issues and not just specific to the local area. The priorities need greater definition to really enable people to understand what they mean – the language used is 'politician speak'

There were general feelings from some discussions that the priorities were written in such a way that people could not generally disagree with them but that the details of how they would be achieved need to be discussed with local people and plans, ideas and opportunities co-produced at a local level – could this be done through the Place Plan?

There was discussion and support for integrating health and social care services, reducing inequalities, treating people's physical and mental health, spending more on care in communities.

It was identified that joining up acute services (NHS) with wider health (primary) and social care (local authority) and thinking about the context of health inequality and societal problems makes sense to people.

Many conversations highlighted a need for a greater focus on prevention

In some groups, there was little or no discussion around the 10 priorities. People were mostly concerned about the content of the local Place Plan – this is specific to one area within the South Yorkshire and Bassetlaw footprint and feedback from other areas indicates little knowledge of the details of the local Place Plans and therefore, currently, little concern.

3.5 What did local people say was important to them when it comes to their health and social care?

Discussions around what was important to local people was lengthy and involved. There was a high degree of emotion with a focus on local services for local people i.e high quality local services that were close to local communities ensuring that everyone had access to right care and that they were treated correctly.

Many conversations also focussed on what was viewed as important to individuals and their perceptions of NHS care and support – often this was about Primary Care and General Practice.

Mental Health

- Everything should be explained to me in a way I can understand.
- Mental Health care was a key concern amongst the groups containing 16 – 25 year olds. They want direct access to a specific service for young people's issues that does not require going via their GP. They feel they do not know where to go to get help.

GP appointments

- Give GP's the backing and support that they need to meet increasing demands
- People raised issues about access to GP's with mixed views about how quickly they could get to be seen- some perceived it as an issue others felt it was no problem
- "GP's need to offer an out of hours services staffed by them, I want to see my own GP not someone I don't know, they are getting paid to look after me"
- GP appointments are very difficult to get, and then do not give sufficient time once you have one.
- For any mental health issue it is almost impossible to open up to the GP as there is so little time per appointment.
- GPs must not use medical jargon as young people do not understand it.

Schools and young people

- Concerns in particular for children who are looked after: a joined up/ collaborative approach e.g. Schools, CAMHS, all services.
- Schools are not highlighted in the Sustainability and Transformation Plan - where do education/school nurses fit in?
- Prevention has to start young!
- Young people spoke about accessing support – when a solution is identified, it needs to be available to access.

Access

- To be able to get the correct help and healthcare when we need it.
- Communication using online technology so that patients are kept informed and information is passed on much more quickly between departments, doctors and other healthcare services. Not being passed backwards and forwards between departments and organisations is critical.
- A return to a walk in clinic where you can be seen on the spot. This would reduce the pressure on A&E services.
- People most frequently talked about wanting quick access to the care and support they required. People talked about it in the context of waiting times to see specialists for diagnosis and accessing primary care services.
- Lots of comments about access to GPs and to mental health services (particularly highlighted at conversations with young people and with BME communities).
- There should be access to specialist units in the same building as general healthcare services without a need for a GP referral
- Being able to get care outside of a hospital if possible, but with adequate help from medical professionals

Quality

- People wanted to ensure everyone is treated correctly.
- The importance of receiving good or effective treatments and medication was highlighted
- People talked about compassionate care as being important to them. They wanted to be supported by staff who showed an interest in them, showed that they cared and delivered what was described as personal care.
- People talked about quality of service. They wanted the best possible care, wanting it quickly and we don't want be referred to dozens of different places
- Conversations highlighted that people wanted to be able to get health care quickly before things got worse.

3.6 What discussions took place around what local people should do more for themselves to feel fit and healthy?

Discussions and conversations in all groups across South Yorkshire and Bassetlaw identified similar themes around lifestyle, smoking, diet, exercise and motivation/self-responsibility. These common themes are not unsurprising but it does highlight the need for a focus on prevention and support for health behaviour change.

Lifestyle choices

- People who chose to smoke, drink to excess or become obese should have it made clear that this is their choice to do this and that it will impact them in later life
- Attend your GP for a frequent health check.
- Being told “not to” in health campaigns just incites a rebellious streak in young people, whereas being told that “these are the consequences if YOU CHOOSE to smoke/drink/eat to excess” could have a better impact.
- The STP must take into account the wider social picture of the area and the challenges this imposes.
- Everyone should eat healthily and exercise. Keeping fit while younger is much easier than suddenly having to start later in life.
- Quite a lot of discussion about using technology more effectively so that patients do not have to tell staff the same thing over and over again
- Conversation highlighted the need to look at the impact of new technologies and apps which encourage ownership and accountability

Exercise

- The most talked about suggestion for how people could keep themselves and their families fit and healthy was to exercise
- Exercise little and often.
- Stop smoking, walk and exercise more, eat healthier.
- There was recognition that this could be difficult for people due to age and illnesses affecting mobility but that it was still important for people to ‘do what they can’.

Smoking

- Stop smoking – this came up in nearly every discussion and conversation
- Smoking and drinking – reduced or stopped completely.

Self – motivation

- People thought it was important to ‘help yourself’ and ‘take responsibility’ for your lifestyle.

- Informal peer support/ friendship has enable access to other facilities and activities e.g. gym, attend walking football and other activities
- Most people acknowledged that they probably needed to eat healthier and be more active. They felt that on the whole they used services properly but some within groups felt that some people abused the use of services
- There was recognition that people could and should do more for themselves to feel fit and healthy with a focus on taking more exercise and eating more healthily. It is interesting to note that there were some discussions around looking better and feeling better and this does raise the question of whether improving aspirations and self-esteem through community development can support transformational change of health-related behaviour.

Health Promotion

- Holistic education in school to support “live well and stay well for longer”
- Better education for parents to help them feed their families healthier food that is easy to prepare and budget conscious. Parents should look after their children better – it is their job to teach their children how to eat healthily – not solely the schools.
- People like the idea of social prescribing but asked whether it be funded adequately.
- Education and schools should have a greater role in promoting a healthy lifestyle
- Giving people information about local activity groups
- Attending GP when symptoms first develop to avoid them getting worse and seriously impacting on health.

4 Conclusion

4.1 Conclusion

Overall engagement in local conversations was more successful where there was an opportunity to link in with an existing group, community or community of interest.

There was willingness to engage in conversations although there was a perception from some members of the community that conversations were ‘poor mans consultation’ and that conversations were a smokescreen to prevent or avoid the leaders of the proposed changes from talking to local people.

Many people had not heard about the Sustainability and Transformation Plan before the conversation sessions and where they had heard about them, their knowledge had come from local newspapers and internet news sites. They reported that they had not read the plans or knew where to access them. There was even less awareness of local Place Plans.

The lack of detailed knowledge of Sustainability and Transformation and Place Plans does need to be rectified. This can be done through a more inclusive approach to developing the current and future documentation.

People from a range of different groups have asked for an “Easy Read” version of the documentation and plans.

5 Appendix

5.1 Who attended the local conversations and meetings?

Conversation	No. of attendees	Age range	Additional information
Sheffield			
Focus Groups x 2	30	Varied	Mainly white british. Primarily people from VCS organisations and members of the public, and a few professionals from eg universities, NHS
SOAR focus group	9	Varied	mix of people re ages, gender, ethnicity from community groups and individuals.
Healthwatch Advisory Board	10	Varied	
Volunteer Managers Forum	34	Varied	Participants mainly from VCS organisations.
Voluntary Social Care Forum	18	Varied	voluntary sector forum mix of ages/genders/ethnicity
International Women's Day	15	Varied	female, BME communities
Equality Hubs	10	Varied	mix of ages, ethnicity, gender
Age Equality Hub, BAMER Equality Hub	50		
Voluntary Action Sheffield staff team	18	Varied	, mix of ages, gender, ethnicity from all over Sheffield
Pakistan Muslim Centre (Darnall) health and well-being	6	Varied	female, BME communities, mixed ages

group			
Refugees and asylum seekers conversation	2		
Young Healthwatch	6	16-24	
Disability Hub conversation	28	Varied	mixed ages, gender, ethnicity
Disability group	4	Varied	disabled, all white, mixed ages
Shipshape Health and Well-being group	12	Varied	mainly Asian/African women mixed ages and 3 older white men
'Test beds' advisory group	5	Varied	white (one person from Eastern Europe), mixed disabled and non disabled.
Doncaster			
Doncaster College Be Well Festival	5	16-24	mixed
Mens Group Doncaster	19	Older men	Older men's group, mixed ethnicities
Healthwatch Doncaster volunteers	10	Older people	White British
Health and Social Care Students	18	16-19	Mixed Ethnicity
Doncaster Keeping Safe Forum	24	Varied	representatives from local communities and community groups
Choice for All Doncaster	15	Varied	LD service users
Partially Sighted Society	20	Older people	Partially sighted/blind service users
Doncaster Deaf Community x 2 sessions	40	Varied	Deaf community service users – conversation was fully signed
Mexborough Library (Public Session)	7	Varied	White British
Holmesarr Centre, Rossington (Public	6	Varied	White British

Session)			
Alexander House, Askern (Public Session) –	1	Older person	White British
Doncaster Trades Club (Public Session)	11	Varied	
Vermuyden Centre (Thorne Library) (Public Session)	4	Varied	
Rotherham			
Rotherham PPG Network	37	Varied	
Deaf Futures	20	Varied	
Rush House / Young Ambassadors	11	Young People	
Rotherham Parents & Carers Forum (Special needs and/or Autistic Children)	12	Varied	
Rotherham Older People Forum	12	Older people	
Children Young People and Families Consortia	9	Varied	Representing a range of different VCS organisations whose focus was Children/ Young People and Families across Rotherham
Rotherham Ethnic Communities Meeting	10	Varied	all BME organisations including representatives from African/ Pakistani & MME Parents/ Childrens Society
VCS Reps group	8	varied	organisations which engage with a wide client base including a church pastor, a targeted young women's group, tenants and residents groups/ local artist
Mature Millers group	25	Older people	all from various locations in Rotherham
VAR staff and	21	Varied	A mix of staff and volunteers

volunteers			including volunteer health champions who deliver health messages to groups and communities
Audience with Focus Group session discussing MECC and STP held jointly with Consultant in Public Health	20	Varied	A wide mix of VCS organisations across Rotherham and South Yorkshire
Barnsley			
Focus Group (Lunchtime)	6	40-60	White British
Focus Group (Teatime)	2	40-60	White British
Deaf Forum	20	Varied	
Wednesday Voice (Learning difficulties)	27	Varied	LD service users
Carers workshop Buckingham House care home Barnsley Independent Alzheimer's and Dementia Support Supporting safe and independent living in Barnsley Barnsley MIND – LBGT group Parkinson's District Branch	115	Varied	

Meeting			
Goldthorpe Development Group			
Wombwell Cricket Club			
ROMERO coffee morning			
Salvation Army			
The Core – staff group			
Bassetlaw			
Bassetlaw Caring for Dementia Carers	36	Varied	
Misterton Residents			
St Saviours Church Bingo Group			
Retford Cardiac Rehab Group			
Retford Blends Group			
The Well Retford Baptist Church			
Worksop Carers			
Worksop MS Society			
The Crossing	10	Older People	White British

Church and Centre Worksop			
Health and social care students	11	16-25	White British
Polish Language Class	10		White Polish
LGBT community	13	16-30	

Total people engaged in conversations: 872