

Consultation on Barnet's Health and Wellbeing Strategy

Overview Report August 2012

Background information

- Consultation ran from 1 June until 20 July 2012.
- Consultation was made available online (through the Survey Monkey) and through hard copies (libraries and council offices) , and was in two parts:
 - Part one: questions about the strategy itself (204 responses received)
 - Part two: questions relating to lifestyle issues, and personal responsibility for health and wellbeing. (107 responses received)
- Publicised via website, social media, posters and fliers sent across borough, Barnet Homes Viewpoint register, Events, Provider networks, Barnet Link ambassadors, public stand (with NHS), GPs e-bulletin and intranet
- Possible reasons for low response rate could be:
 - Over-surveying of residents
 - Cynicism that views will be listened to
 - Timing of consultation (holiday period etc)
- There were also engagement workshops to gain more detailed feedback.

High level results for Part One: Questions about the Health and Wellbeing Strategy

The ambition for Health and Wellbeing

There was broad agreement amongst the survey respondents with the elements of our ambition for the health and wellbeing of our residents:

- 94% agreed with the ambition for residents to be free of avoidable ill-health and disability
- 85% agreed with the ambition for residents to take more responsibility for their own and their family's health and wellbeing
- 75% agreed with the ambition for residents to harness the support of their family and friends and the Community.

Some respondents expressed concern about the feasibility of families taking on more responsibility, with issues cited including families not being geographically close, care responsibilities being too great to cope with, and family carers needing to put their lives on hold. There was a recurrent theme of respondents feeling the ambition was an attempt by the Council to "pass the buck" as well as a cost-cutting exercise. However, it must be noted that these comments still represent only a small proportion of overall responses and are very much a minority view.

There were also a few comments questioning where mental health fitted into this strategy, and it was felt there should be a more explicit reference to improving mental wellbeing. This is a theme that also ran through the responses to the rest of the survey questions.

The priorities for action

There was overwhelming agreement with our priorities for Barnet, with between 90% and 97% agreeing with each of the four priorities. Out of the four priorities, the one that received the highest level of agreement was providing care and support for people to get back on their feet after illness.

1. Preparation for a healthy life

- Most important action: Having active lifestyle programmes in schools for children (53%)
- Least important action: access to a Family Nurse for families with ongoing health problems (24%)

2. Wellbeing in the Community

- Most important action: Increase training and employment opportunities for people who find it particularly hard to get paid work (54%)
- Least important action: working with private landlords to bring private rented homes up to the Decent Homes Standard (25%)

3. How we live

- Most important action: Offer health and lifestyle checks to more people aged between 40 and 74 (64%)
- Least important action: Make sure less licensed premises sell alcohol to people who are already drunk (45%)

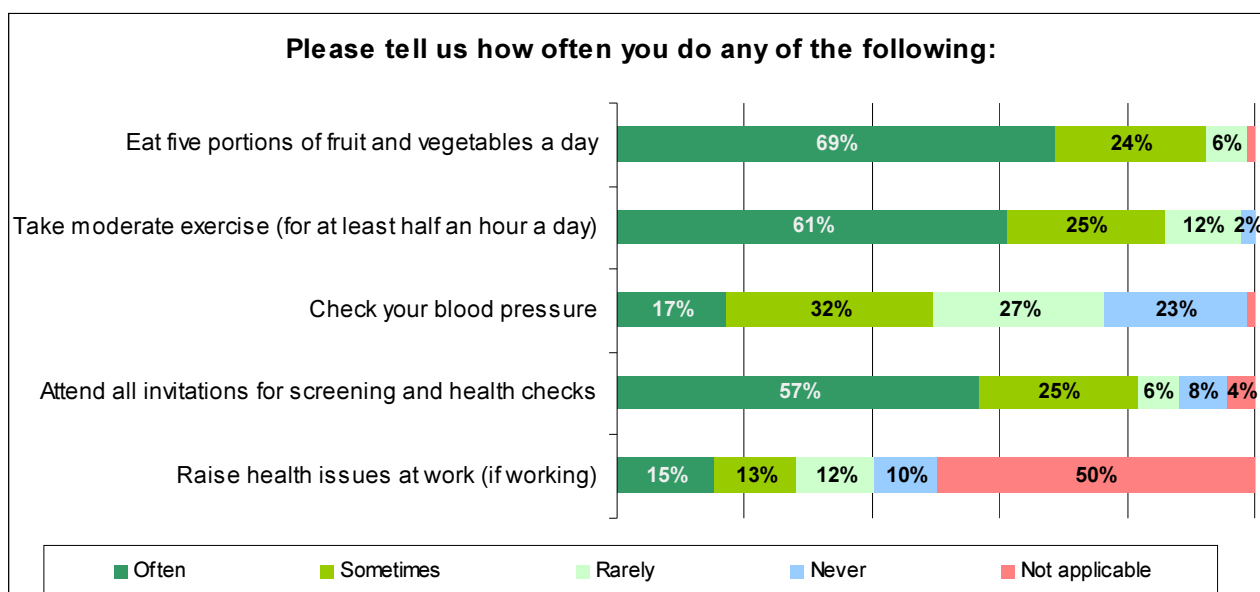
4. Care when needed

- Most important action: Improve dignity and quality of care for people in care homes (51%)
- Least important action: Make sure people can plan for their final days (31%)

High level results for Part Two: Lifestyle related issues

Keeping Well and Keeping Independent

The majority of respondents appear to regularly undertake the activities mentioned in the table below:



In addition, over half of respondents said they would be willing to do more of the above. They seemed keen to improve both their own and their family's health and wellbeing, with large majorities rating it as very important.

A quarter of respondents often take care of an adult family member or friend who needs help, with a further 30% doing so sometimes.

Respondents appear keen to do more to help out others, particularly taking care of adult family members or friends who need help. Suggestions for what might help included more time, transport provision, information and guidance, and signposting to those who need help.

Preparation for a healthy life

Most respondents agreed that parents should provide the immunisation details of children and agree to be contacted if their children are not up to date with immunisations.

In terms of actions to reduce the number of overweight and obese school children, the most popular seem to be eating a sensible and balanced diet and to walk or cycle to school instead of driving.

Wellbeing in the community

Sharing skills and experience schemes were seen by respondents (around 77%) as the most effective way to reduce the isolation of older people.

How we live

An overwhelming majority of respondents agreed that people who smoke should be required to give up smoking (around 80% of respondents) and that obese people should be required to lose weight before receiving NHS treatment (around 71% of respondents).

Care when needed

There was some disagreement with the idea that it is the responsibility of the family, not social services, to support a disabled adult or older family member. However, 72% of respondents said that they would expect to take a lead role in providing care to a family member.

Feedback from focus groups

A series of meetings were held in the consultation period, including focus groups with:

- Adult Social Care and Health Experts by Experience Group
- Barnet 55+ Forum
- Barnet Link
- Barnet Voice for Mental Health
- Barnet Youth Board
- Community Barnet Providers Networks
- Primary School (Holly Park)
- Secondary School (Friern Park)
- Sheltered Housing Residents

Many of the comments made in these meetings echoed those made in the survey documents:

- There was general agreement with many of the ambitions of the strategy, but each group had concerns over how the council would implement these policies (dependent on the group in question).
- There was a prevalent view that the council, through the strategy, perceived residents as 'social capital' to 'do the council's work for them'.
- The strategy was heavily linked by attendees to budget cuts in the public sector

Areas for improvement in the strategy

- As with respondents to the survey, many focus group attendees felt that the strategy did not cover mental health issues enough
- It was felt that it did not sufficiently address health inequalities

Feedback from particular groups of residents

- From mental health service users, there was concern that more focus needs to be put on early intervention for people with mental health problems
- Disabled residents highlighted the need to prioritise appropriate housing for disabled people, and access issues for the councils buildings and public spaces.
- There was a feeling from sheltered housing residents that they needed more activities to be available to them active both physically and socially. Access to transport services was also mentioned as an issue that needed addressing for older residents.
- Young people mentioned the need for better education on health and wellbeing issues, including sexual health and drugs and alcohol misuse. There should be an emphasis on mental wellbeing and mental health issues in schools, in the same way there is a physical education is included in the curriculum.
- Both younger and older residents agreed that they could mutually benefit from an intergenerational support scheme.
- Respondents widely agreed that access to leisure facilities should be cheaper, and that Barnet could benefit from cycle lanes and more community allotments.

A full report of the findings will be presented to the Barnet Health and Wellbeing Board in advance of their meeting in October 2012.