

Health & Wellbeing Strategy

Report on Consultation findings

August 2012

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1. Executive summary

The consultation took place between 1 June and 20 July 2012, comprising of two surveys and a series of engagement workshops. The first survey was designed to gather residents' opinions on the new Health & Wellbeing Strategy and to help understand if there are any key areas that the council needs to address. The second survey sought to find out from residents how they view their own health and wellbeing. It asked for residents' thoughts on ways that the Council and residents could work together to improve health and wellbeing in Barnet. This survey was an opportunity to gather residents' thoughts on a range of issues so that we can think about the best ways to tackle them in the future. The engagement workshops were used to gather more in-depth and detailed feedback from key interest groups in the borough, and flesh out some of the ideas or reservations that may exist.

All three parts of the consultation aim to start the conversation about health and wellbeing with all Barnet's residents and to make sure that any plans for the future are formed as a partnership between residents and public services.

Key findings

A wide ranging and effective public consultation

The consultation collected a wide range of views and opinions from both local residents and interested organisations. The demographic profile of survey respondents reflected the wide diversity of Barnet's population, and the interest groups represented by the organisations involved are a varied cross-section of Barnet's society.

Overall support for the Strategy's ambition and priorities

Despite some reservations, there was generally broad agreement with Barnet's ambition for health and wellbeing. In particular:

- 85% agreed with the set of ambitions for health and wellbeing
 - 94% with residents being free of avoidable ill-health and disability
 - 85% with residents taking more responsibility for their own and their family's health and wellbeing
 - 75% with residents harnessing the support of their family and friends and the Community

There was also broad agreement with the four priorities set out in the strategy:

- 95% agreed with giving children in Barnet the best start for a healthy life through good maternity care and early years development
- 90% agreed with creating thriving neighbourhoods and supportive communities that encourage people to be healthy
- 95% agreed with helping people to live healthier lifestyles to prevent avoidable disease or illness
- 97% agreed with providing the right support for people to get back on their feet after illness

Concern about increased individual responsibility for families and communities

Although there was widespread agreement that residents should harness the support of their family and friends and the Community, there were weaknesses highlighted in this approach, including families being geographically spread out, an overburdening of responsibility on some families and carers, and modern communities not being set up in such a way to facilitate such an approach. There was concern expressed about the reduction in professional care, and it was felt that there was still a strong role for the Council to provide a safety net for those individuals without appropriate support from their family or community or where the caring responsibilities have become too great. It was also felt the Council should take a strong facilitating role in terms of helping families to help themselves as well as draw on the support of their community.

Education and information is seen as a key facilitator of improved health and wellbeing

The importance of education in schools was identified in terms of promoting healthy eating, tackling obesity, encouraging sport and preventing smoking, but education and information was also cited as necessary in order to change the behaviour of parents and adults regarding their own health and wellbeing and the health and wellbeing of their children.

A range of opinions on the role of families in providing care

Opinion was rather mixed on how roles and responsibilities should be divided between families and social services. Similar proportions agreed and disagreed that it is the responsibility of the family, not social services, to support a disabled adult or older family member who needs support, with social care support being targeted at people who do not have family support. However, interestingly nearly three-quarters of respondents said that they would expect to take a leading role in providing their family members with care, with social care services providing carer support, training and back up cover.

Acceptance that residents should do more to look after their health and wellbeing

Respondents seemed willing and prepared to do more to look after their own health, including eating more fruit and vegetables, exercising more, checking their own blood pressure, and attending screenings and health checks. In contrast, relatively few people raise health issues at work, and only a minority of people would be prepared to do it more often.

Willingness for residents to do more to help others

Nearly six out of every ten respondents said they would be prepared to do more to take care of adult family members or friends in need of help, and nearly half of respondents would be prepared to drop in to help those outside their circle of family and friends or do shopping and other tasks for them. Potential barriers restricting this help though include lack of time, lack of transport, and lack of knowledge about how to find those in need.

Widespread support for compulsory targeted health interventions for those in need

There was general agreement with very overweight patients losing weight in order to get routine operations, as well as smokers meeting with an NHS Stop Smoking Adviser before routine surgery. This suggests that the public recognise that

resources are scarce, and these resources should be restricted to those that try to take care of their own health and wellbeing.

Unclear how elements of the strategy will be implemented

Whilst the vast majority of people agreed with the strategy's ambition and priorities, some felt that it lacked sufficient detail to illustrate how it would all be achieved. There were some who thought it represented simply a wish list, whereas some questioned whether it was in fact realistic or achievable, given the tough economic times the public sector finds itself in but also because of the geographical and economic constraints of families taking on more responsibility.

Residents have a broad range of ideas of how health and wellbeing may be improved

The respondents to the surveys and the participants in the engagement workshops made a wide variety of suggestions on how elements of the strategy may be implemented and how health and wellbeing in the borough may be improved and maintained. These suggestions are documented in this report, and it is important that the Council continues the dialogue with the public to ensure that these good ideas can feed into the ongoing planning and delivery of services.

A need for higher profile for mental health issues

It was felt by some that the strategy lacked sufficient reference to mental health problems and improving the mental wellbeing of Barnet residents. In particular, it was felt that there should be earlier identification and treatment of mental health issues.

2. Introduction

This report sets out the consultation findings that were conducted as a part of the Health & Wellbeing Strategy 2012. The consultation involved two separate surveys, one focusing on the actual strategy and one relating to individual residents' views on their own health and wellbeing, as well as meetings and engagement workshops with key stakeholder groups in Barnet.

The findings are important in order to quantify residents' opinions on the strategy and to help understand if there are any key areas that the council needs to address.

2.1 Background and context

The Barnet Joint Strategic Needs Assessment (JSNA) which was carried out in 2011 looked at the health needs of the population of Barnet and showed that there were significant differences in health and wellbeing across the borough. Some areas of the borough seemed to experience poorer health, as did some particular groups of the population. The Health and Wellbeing strategy aims to reduce these health differences by focusing on how people can 'Keep Well' and 'Keep Independent'.

The strategy is a partnership between residents and public services and stresses that as well as receiving help from the NHS and the Council, Barnet residents must take some responsibility for their own health and wellbeing.

The Barnet Health and Wellbeing Board is responsible for the development of this strategy and for making it happen, and the strategy takes into account the current make-up of Barnet's population as well and the estimated future population and related health statistics.

The strategy has two main aims:

Keeping Well

This aim is based on a strong belief that 'prevention is better than cure.' The strategy aims to give every child in Barnet the best possible start to live a healthy life and to create more opportunities for healthy and supportive communities to exist in Barnet. There is also the aim to support people to have healthy lifestyles, to stop them from getting avoidable disease and illness.

Keeping Independent

The strategy aims to ensure that when people need extra support or treatment, it helps them to get back up on their feet as soon as possible. This means both health and social care services working together to support people where necessary.

The main ideas or principles behind the approach are based on both the Barnet JSNA and the Marmot Review of health inequalities in England, called *Fair Society Healthy Lives*.

The Marmot review makes it clear that:

- Wealthier people generally experience better health than people with lower incomes

- Action on health differences requires action across all of the social factors affecting health (such as where you live, your employment status or education)
- It is necessary to take actions across all social groups, targeting resources according to the level of disadvantage
- Making this happen requires empowerment of individuals and local communities

These points were all taken into account as part of our strategy.

Although many other boroughs have not carried out a consultation on their Health and Wellbeing strategies (including Camden, Ealing, Enfield, Hackney, Hammersmith and Fulham, Islington, Wandsworth and Westminster), we felt it was important to let residents and interested groups have their say. Furthermore, we are proud of the quantity and range of responses that we have collected – as detailed later we received 196 survey responses feeding back on the actual strategy, including responses from a number of interested organisations operating in the borough, as well as 96 survey responses relating to individual health and wellbeing activities and preferences and several meetings and focus groups. In contrast, Haringey received only 50 responses to their strategy consultation which was open between September 2011 and January 2012.

2.2 Methodology and data collection

In summary, the methodology was as follows:

- A consultation document was made available to all respondents which included a copy of the strategy
- Collection of respondents views were fed back via a self-completion survey made available online via <http://engage.barnet.gov.uk/> and in libraries, with further copies provided in other council public buildings and customer services, and via meetings and public events
- An easy read survey was made available to those who required it
- Fieldwork for the survey took place between 1 June and 20 July 2012
- Data was collated, analysed and tables produced in-house (the tables can be found in the appendices)
- The survey was also widely promoted via a communications campaign through Barnet online, posters, fliers, social media, public and service user events, NHS internal and external communications channels, Barnet Link ambassadors, Barnet Homes residents' Viewpoint Register, and communications via Community Barnet's contact database, to encourage high response to the survey
- Qualitative data was obtained via a series of meetings with service providers, service users, voluntary groups, schools, meetings held by Community Barnet.

2.3 Response rates

A total of 196 residents and organisations took part in Survey One, and 96 residents took part in Survey Two. This achieved sample size is based on the total number of respondents to the survey as a whole, and not the number of respondents to individual questions. The results presented are based on “valid responses” only, i.e. all those providing an answer (this may or may not be the same as the total sample)

unless otherwise specified. The base size may therefore vary from question to question depending on the extent of non response.

Where possible, difference between demographic subgroups has been commented upon, although it should be noted that this type of analysis has necessarily been quite limited given the size of the samples.

3. Survey One: The Strategy

A total of 196 responses were received for Survey One. The responses came from a mixture of Barnet residents and interested local organisations.

In total, 18 responses were received from organisations, including:

- Barnet Mencap
- Barnet Voice for Mental Health
- Community Focus
- Disability in Action for the borough of Barnet
- Ezer North West
- Jain Network
- Mind in Barnet
- One Support
- Saracens Sport Foundation
- The Network

These organisations represent a broad and varied mix of interests and residents, for example:

- Barnet Mencap supports approximately 500 children and adults with learning disabilities, as well as family carers, and has over 100 members
- Barnet Voice for Mental Health has 150 signed up members
- Community Focus provided access to the arts for around 1,500 Barnet residents last year
- Disability in Action for the borough of Barnet supported around 600 people a year
- Jain Network represents approximately 3,000 to 4,000 Jains living in Barnet
- One Support provides helps approximately 60 people in Barnet maintain their tenancy
- Saracens Sport Foundation worked with 9,000 young people last year across all of their projects and programmes
- The Network supports around 250 people with mental health problems

Where possible, responses from these organisations have been separated from responses from individual residents to assess whether they are markedly different, although it should be noted that with such small numbers it is difficult to spot any clear differences.

3.1 Demographic profile of respondents

For those responses from individual residents, the profile of the respondents was typically older than Barnet's general population, and with more responses from women. The ethnic profile is broadly similar to Barnet's, with differences understandable given the relatively small sample size used.

The numbers of responses are too small to analyse responses by different ethnic groups, but where notable differences exist between the responses from males and females and between broad age groups (under and over 55) then these have been commented on in the report.

Health & Wellbeing Strategy Consultation, Survey Findings

Gender	Survey Part 1 - respondents	<i>Barnet 18+ population</i>
Male	40%	49%
Female	60%	51%

Age	Survey Part 1 - respondents	<i>Barnet 18+ population</i>
18-24	2%	10%
25-34	6%	21%
35-44	14%	20%
45-54	22%	17%
55-64	21%	13%
65-74	23%	9%
75+	12%	9%

Ethnicity	Survey Part 1 - respondents	<i>Barnet 18+ population</i>
White	75%	73%
Mixed	5%	2%
Asian / Asian British	10%	14%
Black / Black British	8%	6%
Chinese / Other Ethnic Group	3%	5%

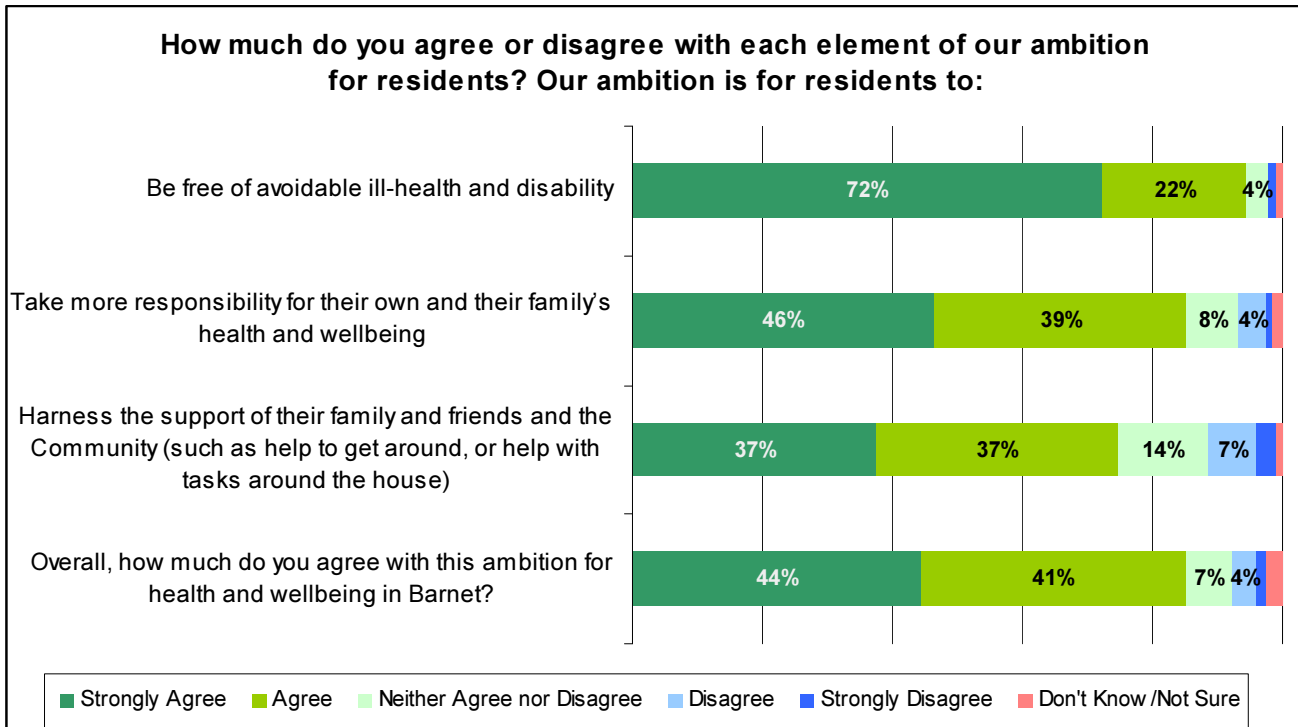
In addition to these statistics, we can say 17% of respondents said they were a family carer, and 22% described themselves as disabled.

3.2 Our 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. In particular:

- 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
- 85% agreed overall with the set of ambitions for health and wellbeing in Barnet

Health & Wellbeing Strategy Consultation, Survey Findings



There was very little disagreement with the ambitions. The highest level of disagreement was regarding the ambition for residents to harness the support of their family and friends and the Community, to which 7% of respondents disagreed and 3% strongly disagreed, whilst there was slightly less disagreement with the ambition for residents to take responsibility for their own and their family's health and wellbeing. Whilst still a small proportion of responses, this disagreement was also reflected in text-based comments provided in the survey.

- *“Harnessing the support of others can easily translate into leaving carers without help and support”*
- *“I don't think families should be relied upon to provide care. They often have other responsibilities, and the care they provide is not necessarily best for the patient”*
- *“Mostly the people living around us are strangers, there is little resemblance of a community. People will not wish to bother those outside the family for assistance”*
- *“It's clearly an insidious ploy to reduce professional care and place the burden on families instead”*

These are just a few examples of the comments provided. 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 concern that families might not know how to help themselves, or might not know how and where to access support when needed, thus there remains a strong role for the Council to “facilitate those in need to access support from the local community” as well as provide a “safety net of social services” for those who have little help to draw upon. There was also 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 ran through the responses to the rest of the survey questions as well.

In terms of suggestions for what else might have been left out of the ambition for health and wellbeing, comments included improving nutrition and healthy eating through education, providing better and more accessible facilities for sports and leisure, and better access to healthcare. It was felt that there needed to be better information for Barnet residents, better access to support services, and better education for the community.

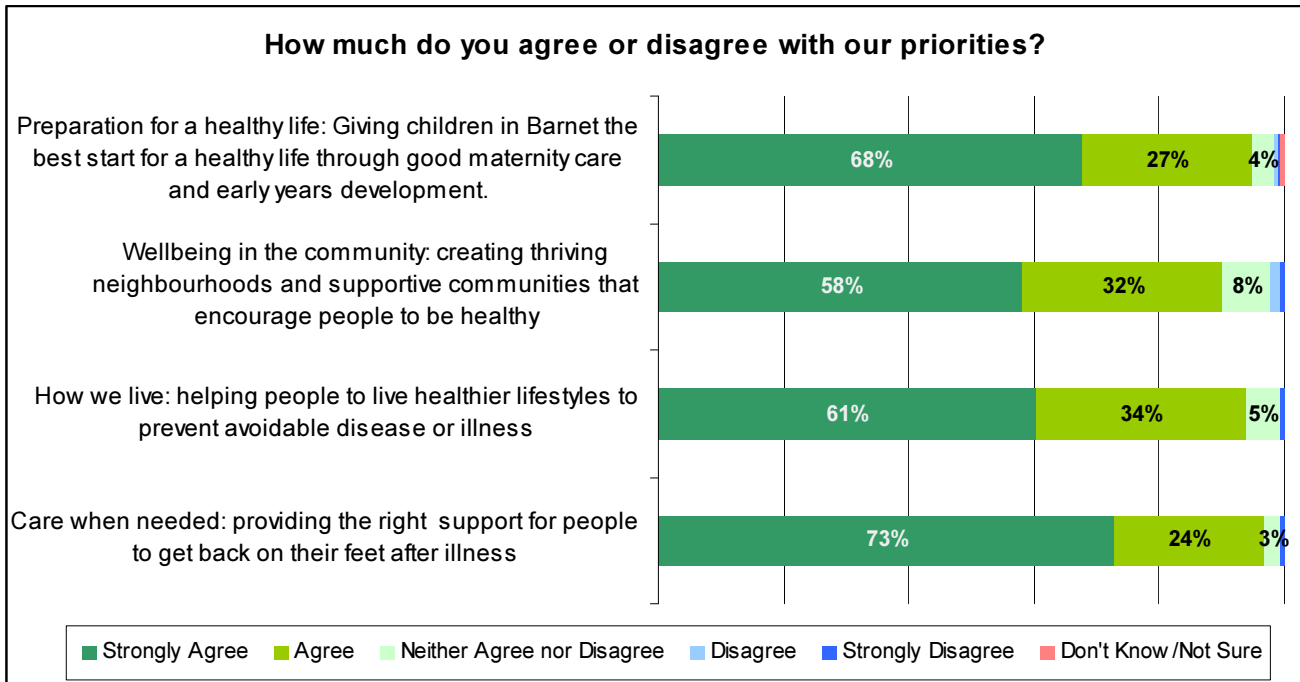
There were a few respondents that felt that the ambitions were unrealistic or hollow, both because of the geographical and economic constraints of families taking on more responsibility, but also because the strategy lacks the sufficient detail to illustrate how these ambitions will be implemented and achieved.

Organisations responding to the survey were generally more positive about the ambitions than individual residents, particularly the ambition overall and harnessing the support of friends and family and the community. For the third ambition, of harnessing the support of friends and family and the community, was strongly agreed with by 34% of individual residents but some 67% of organisations that responded.

3.3 Our priorities

There was overwhelming agreement with our priorities for Barnet, with between 90% and 97% agreeing with each of the four priorities, and disagreement lying between 1% and 2%. 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.

In general, respondents aged 55 or over were more in support of the priorities than those aged 55 or under, although this relates to the degree of agreement (i.e. strongly agree vs agree) rather than any difference in the proportions actually disagreeing with the priorities. Similarly, male respondents were more in support than women of the first priority regarding good maternity care and early years development. Responses were similar between individual residents and organisations.



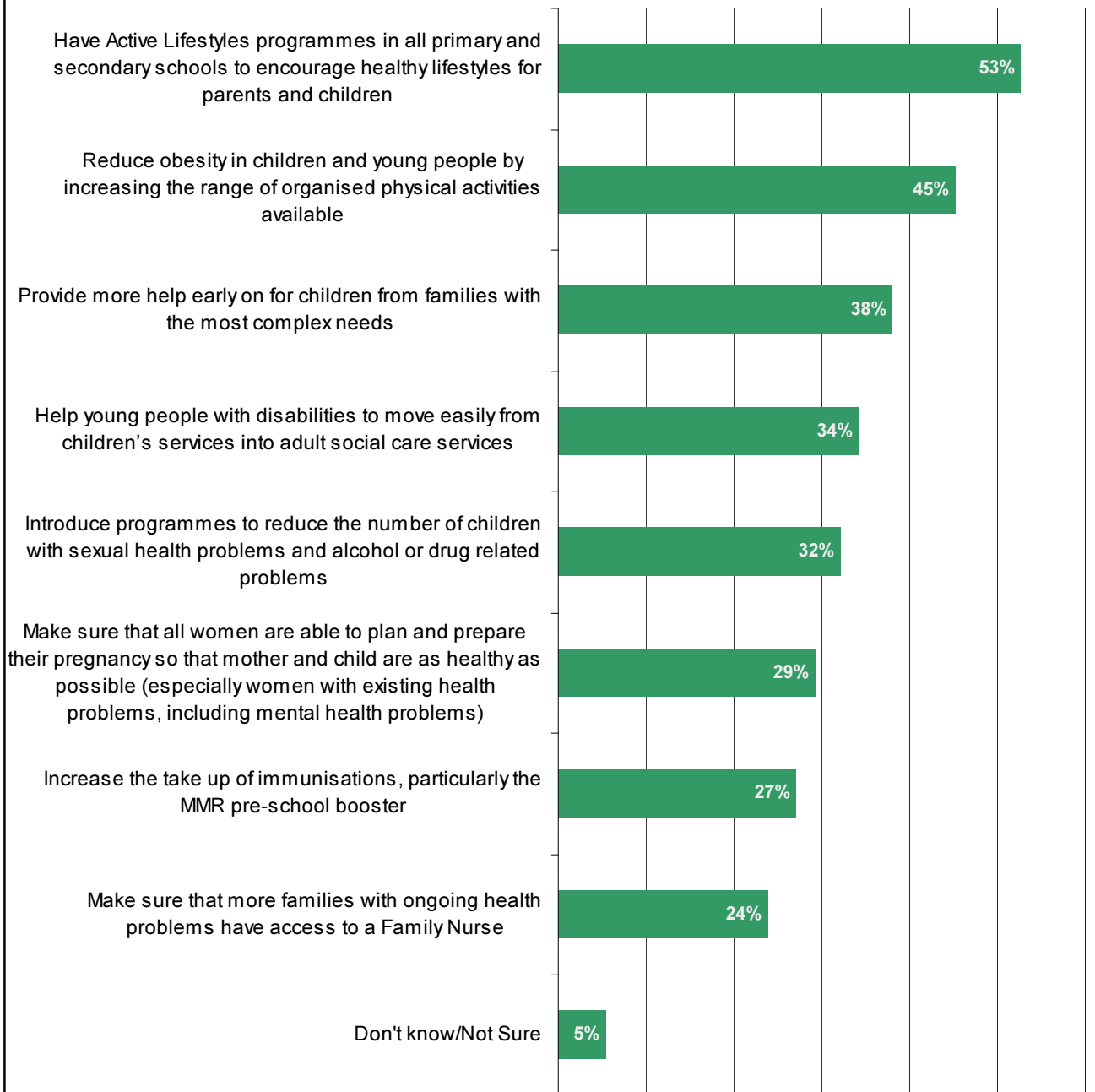
Text-based comments attached to these priorities continue some of the themes already addressed – a lack of focus on mental health issues, a need for educating the community about particular issues, and a lack of detail about implementation.

3.4 Preparation for a healthy life

Respondents were asked to select which three actions to give children in Barnet the best start for a healthy life were most important to them. Over half (53%) of respondents who answered this question ticked Active Lifestyles programmes in schools and a large proportion (45%) ticked an increased range of organised physical activities in order to reduce obesity. The least important actions were seen as access to a Family Nurse for families with ongoing health problems, and increasing the take up of immunisations.

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Below are our planned actions to give children in Barnet the best start for a healthy life. Please tick which three of these are most important to you.



Responses between male and female respondents were similar, although female respondents were three times more likely to tick the action of helping young people with disabilities to move easily from children's services into adult social care services. Whereas men were more likely than women to rate Active Lifestyle programmes and the increased take-up of immunisations. Respondents aged under 55 were more likely than those aged 55 or over to rate the introduction of programmes to reduce the number of children with sexual health problems and alcohol or drug related problems. The responses were broadly similar between individual residents and organisations.

In terms of actions that may have been missed out of the strategy, comments included suggestions for leisure opportunities such as yoga and meditation, army training, sports and youth clubs, and a wider range of enjoyable activities in PE lessons. There were also suggestions for healthy travel to schools, healthy school meals, shock tactics to prevent young people from starting smoking, and birth control programmes. A number of comments focused on the need to target parents in terms of parenting skills, setting a good example, educating families about healthy lifestyles, and addressing bad parenting in the borough.

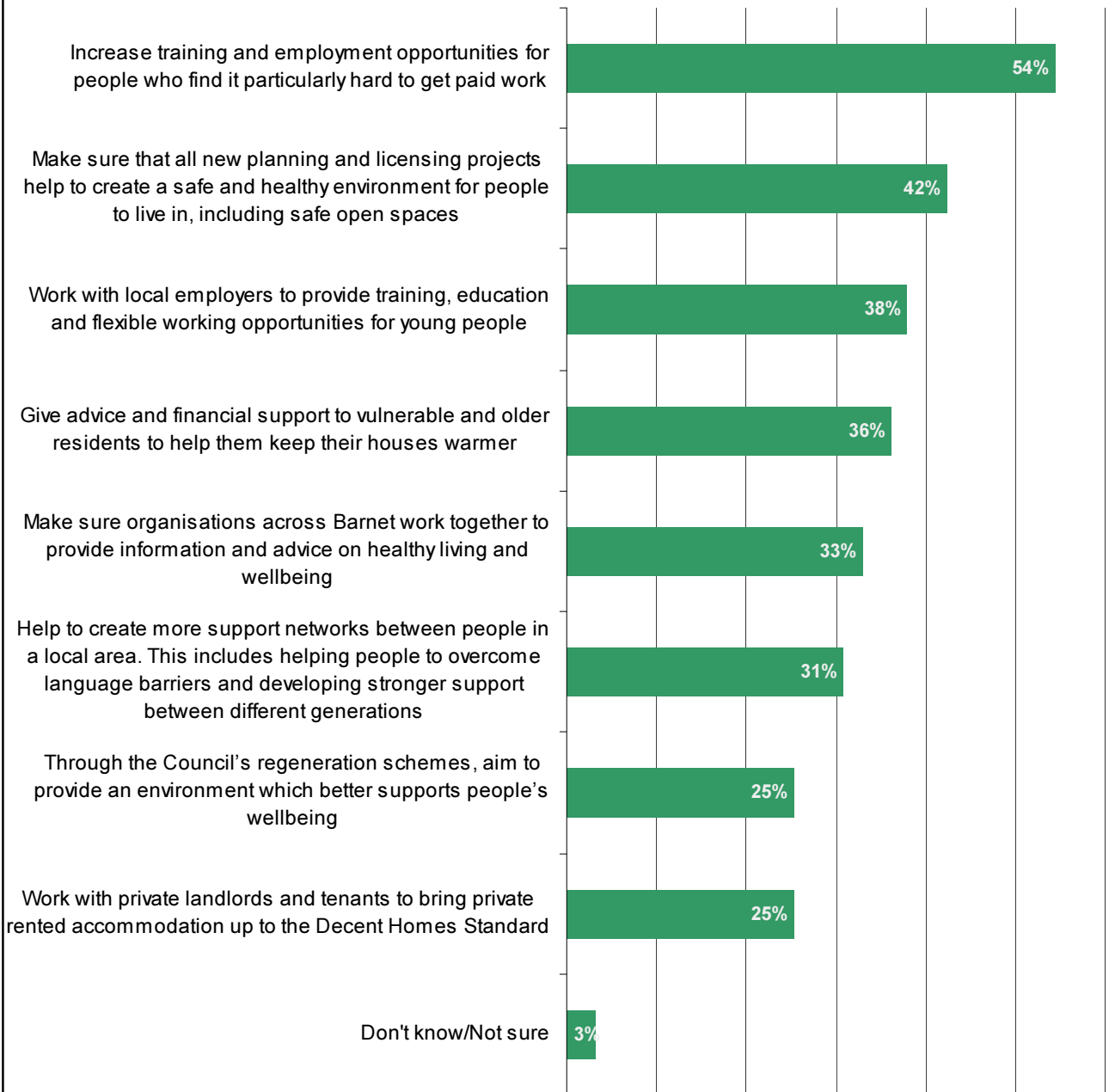
Again there were a number of comments regarding the need for provision of services for children with mental health needs, and particularly tackling the causes of mental health issues at an early stage.

3.5 Wellbeing in the community

In terms of actions to create more opportunities for healthy and flourishing neighbourhoods and communities, 54% of respondents felt that increased training and employment opportunities for those who find it particularly hard to get paid work were among the three most important actions. 42% cited new planning and licensing projects that help to create a safe and healthy environment for people to live in.

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Below are our planned actions to create more opportunities for healthy and flourishing neighbourhoods and communities. Please tick which three are most important to you.



Only 25% of respondents cited as the most important work with private landlords and tenants to bring private rented accommodation up to the Decent Homes Standard, and similarly only 25% cited as the most important regeneration to provide an environment which better supports people's wellbeing.

Women respondents were nearly twice as likely as male respondents to cite creating support networks between people in a local area as one of the three most important actions. Respondents aged 55 or over were more than twice as likely than those

aged under 55 to cite working with private landlords and tenants to bring private rented accommodation up to the Decent Homes Standard.

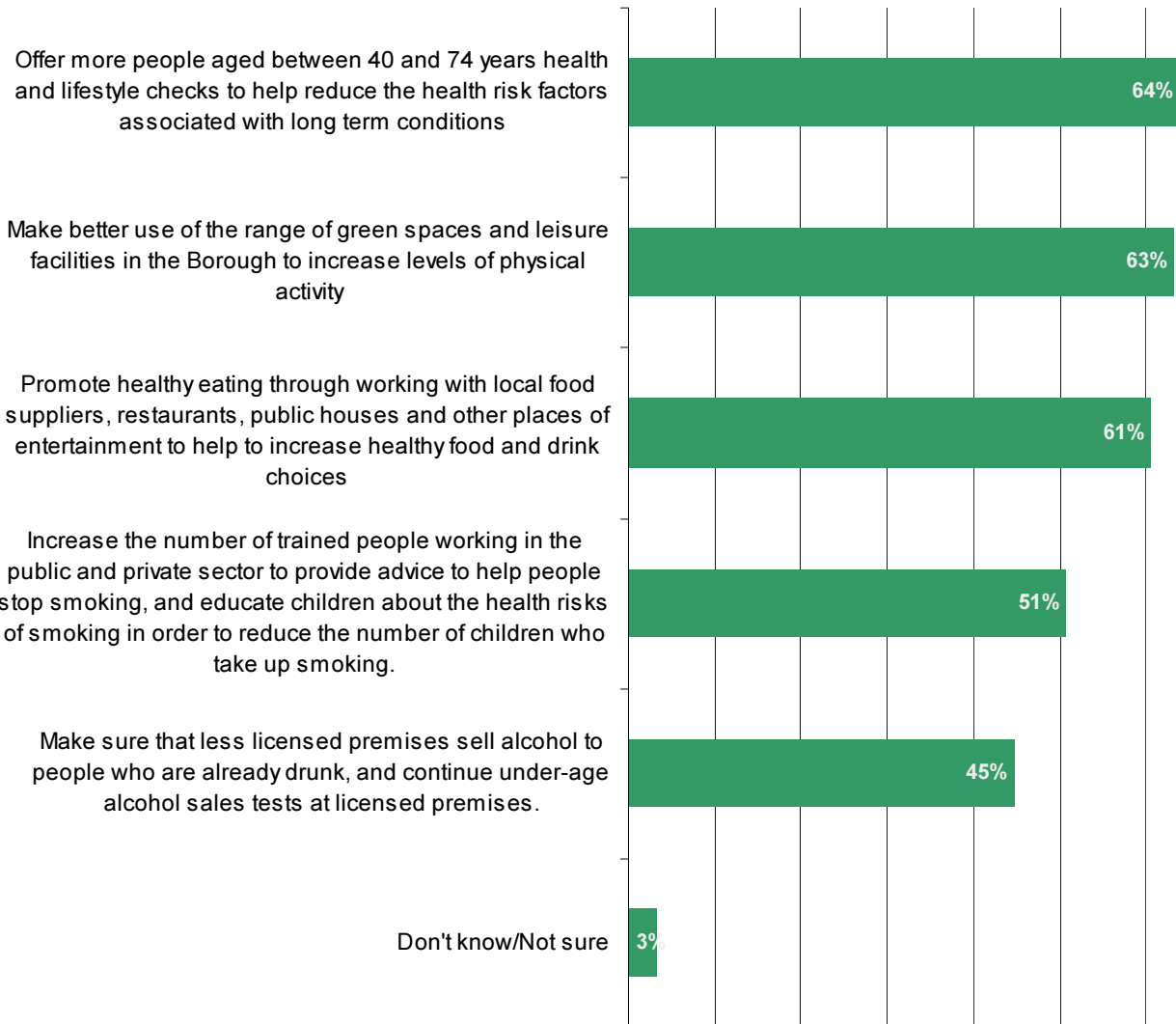
As for the text-based comments, they included the need for affordable housing, benefits advice for vulnerable people, and more support for the voluntary sector. Other comments suggested developing local areas by reducing parking restrictions to boost local shopping, better public transport and cycle lanes, fully accessible communal spaces, and increased and improved sporting and community facilities. There were also suggestions to reduce antisocial behaviour by reducing late night noise and tackling drug and alcohol abuse and crime.

3.6 How we live

In terms of healthier lifestyles, health and lifestyle checks for people aged between 40 and 74 years, better use of green spaces and leisure facilities, and promotion of healthy eating were seen as the most important actions. The other two actions of alcohol restrictions and smoking cessation were less important, although were still ticked by large numbers of respondents.

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Below are our planned actions to enable and encourage people to have healthier lifestyles. Please tick which three are most important to you.



In terms of healthy eating, comments included the need to limit junk food availability and promotion, increase allotment provision and encourage people to grow their own food, and make sure academies and free schools adhere to national standards for school meals. However, one respondent felt that the council should not be interfering with the menus of cafes and restaurants, and instead should be tackling the root causes of unhealthy eating. Text-based comments also cited the need to provide and develop free or low cost exercise classes, affordable activities such as walking groups and yoga, and the need to provide transport for elderly residents to get out and about.

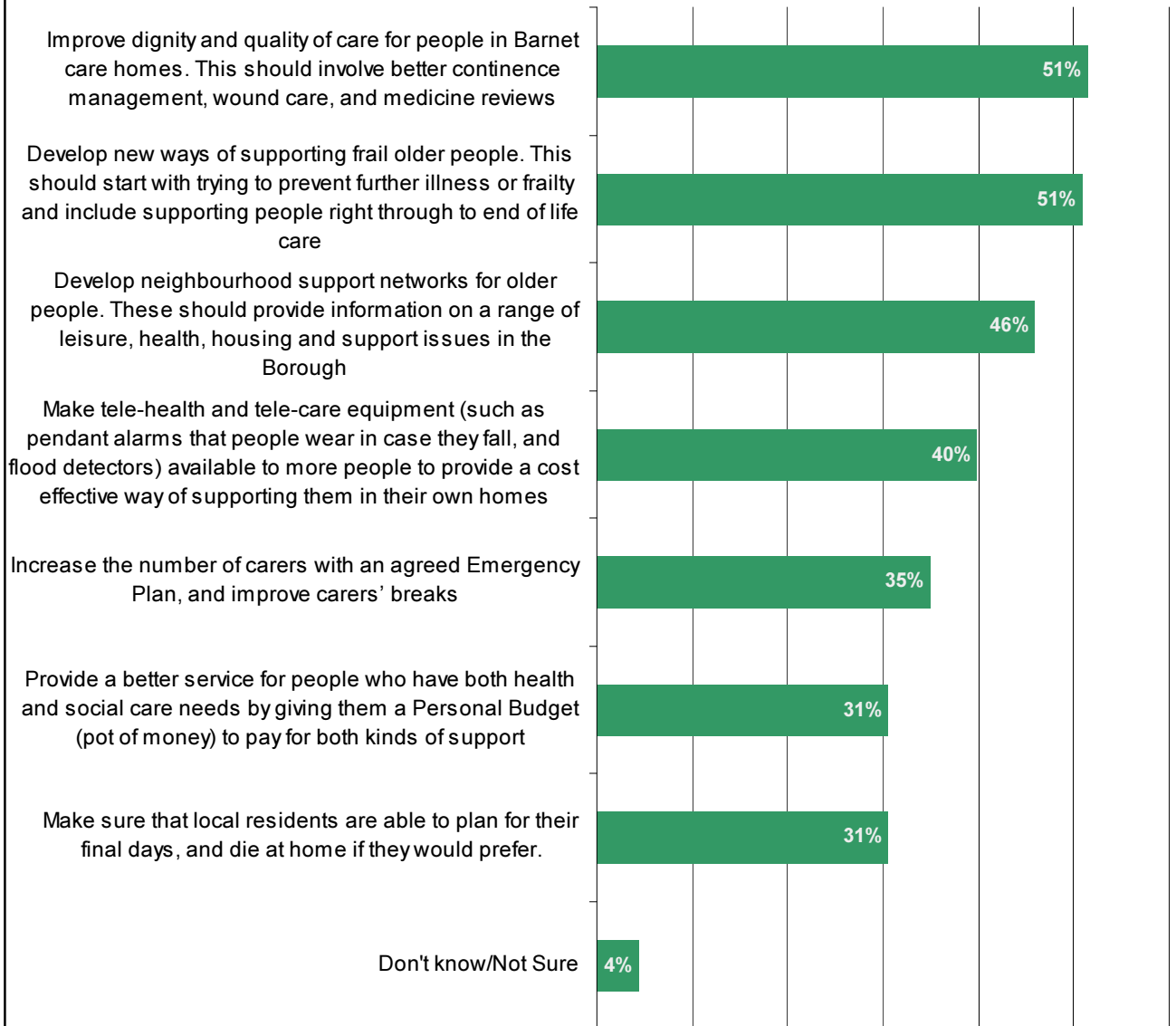
3.7 Care when needed

Improved dignity and quality of care for people in Barnet care homes and developing new ways of supporting frail older people were seen as the most important actions to provide appropriate care and support to people who need it. At the other end of the

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scale, Personal Budgets and making sure local residents are able to plan for their final days were seen as the least important. Interestingly, respondents aged 55 or over were less likely than those aged under 55 to cite the development of support networks for older people, but more likely to rate dignity and quality of care in care homes as important.

Below are our planned actions to provide appropriate care and support to people who need it, helping them to regain their independence. Please tick which three are most important to you.



Although the numbers are small, proportionally more organisations rated Personal Budgets as important compared to individual residents, whereas residents were more concerned with the quality of care in care homes and being able to die at home if they prefer.

Text-based comments included the need to improve existing services, publicise services, and make services affordable. There was a feeling amongst respondents

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that this section focussed too heavily on older people, and that there should be more initiatives to tackle issues relating to learning disabilities, physical disabilities or mental health problems, such as social isolation. There were also comments highlighting the needs of carers and the need for support to the voluntary sector to increase social interaction and “reduce social isolation and disengagement”.

4. Survey Two: Lifestyle Issues

A total of 96 residents took part in Survey Two. This achieved sample size is based on the total number of respondents to the survey as a whole, and not the number of respondents to individual questions.

4.1 Demographic profile of respondents

The profile of the respondents of the second survey followed a similar pattern to the first survey, with respondents typically older than the local population, and with more females. Again there are slight differences in the ethnic profile but this is to be expected given the relatively small sample size.

Gender	Survey Part 2 - respondents	Barnet 18+ population
Male	43%	49%
Female	57%	51%

Age	Survey Part 2 - respondents	Barnet 18+ population
18-24	4%	10%
25-34	6%	21%
35-44	18%	20%
45-54	15%	17%
55-64	19%	13%
65-74	25%	9%
75+	13%	9%

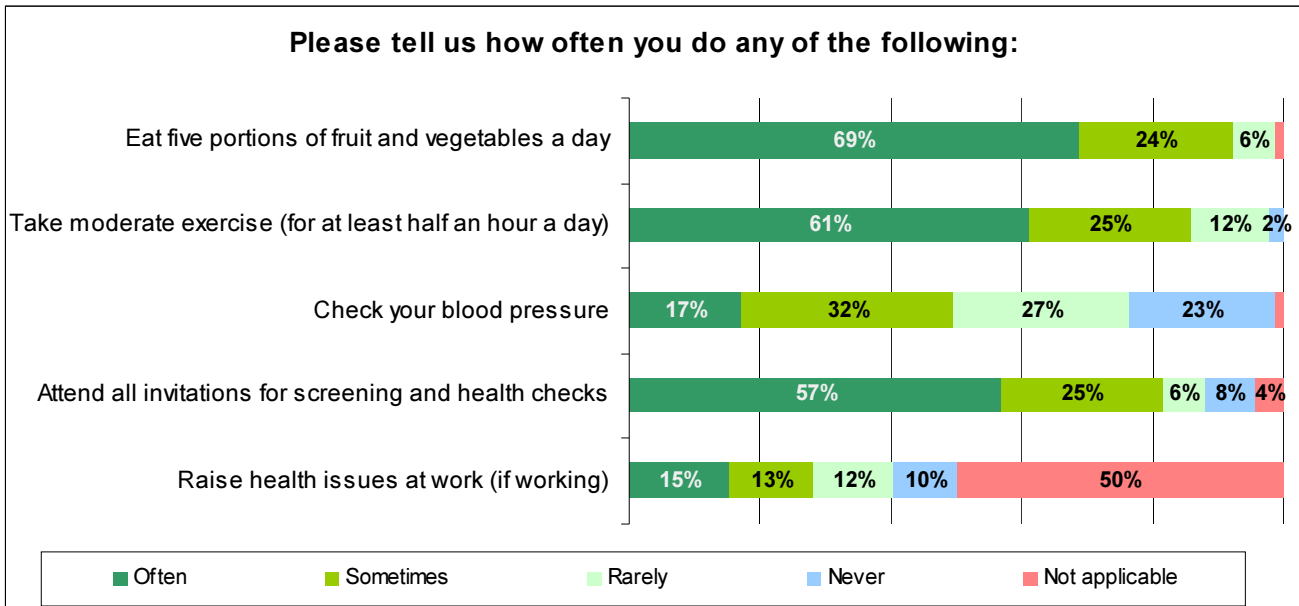
Ethnicity	Survey Part 2 - respondents	Barnet 18+ population
White	76%	73%
Mixed	5%	2%
Asian / Asian British	11%	14%
Black / Black British	5%	6%
Chinese / Other Ethnic Group	4%	5%

Amongst respondents to this survey, 18% are a family carer and 24% are disabled. Thus the interests of these two groups are well represented in the results,

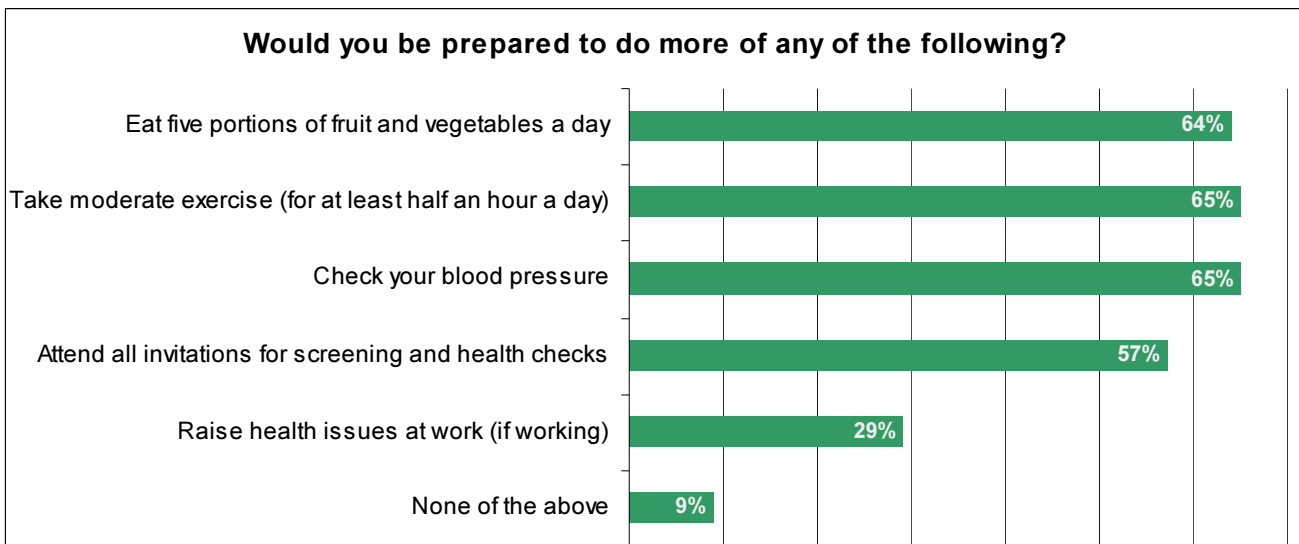
4.2 Keeping well

In terms of how respondents look after their own health, it seems that the majority of respondents eat five portions of fruit and vegetables a day, take moderate exercise and attend all invitations for screening and health checks, at least on a regular basis. Regular checks on blood pressure are less common, and even once those not in work are excluded, there is also less evidence of people raising health issues at work.

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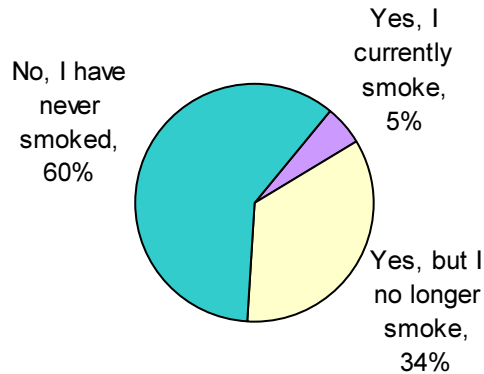
Similar proportions of residents would be prepared to eat more fruit and vegetables a day, take more exercise and check their blood pressure more regularly. Slightly less would be prepared to attend more invitations for screening and health checks. Overall only 29% said they would be prepared to raise more health issues at work, although this figure includes those who are not working. However, even after we exclude those that do not work, still less than half of respondents would be prepared to do this.



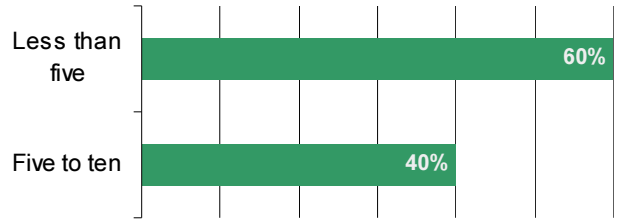
Only 5% of respondents currently smoke, with a further third having given up. 60% of respondents have never smoked. Of the five respondents that have smoked, none smoke more than ten a day and only two would like help to reduce the amount they smoke.

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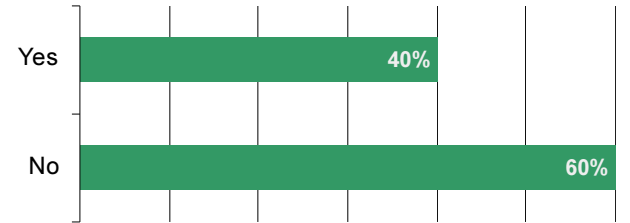
Do you smoke or have you ever smoked or used tobacco products?



If you smoke, how many cigarettes do you smoke a day?

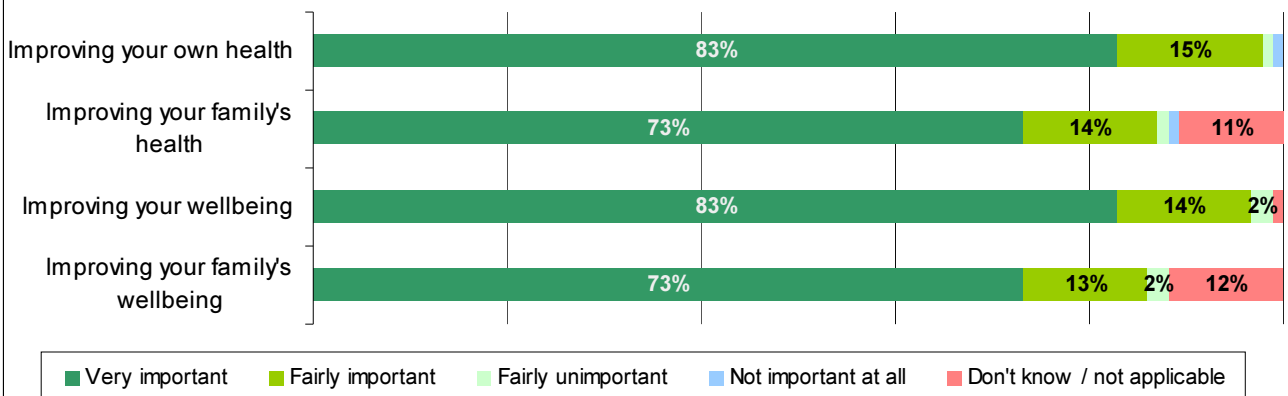


Would you like help to reduce the amount you smoke?



Respondents seem keen to improve both their own and their family's health and wellbeing, with large majorities rating it as very important. Improving their family's health and wellbeing might appear less important on the chart below, but this may be explained by respondents not having family members over which to take responsibility.

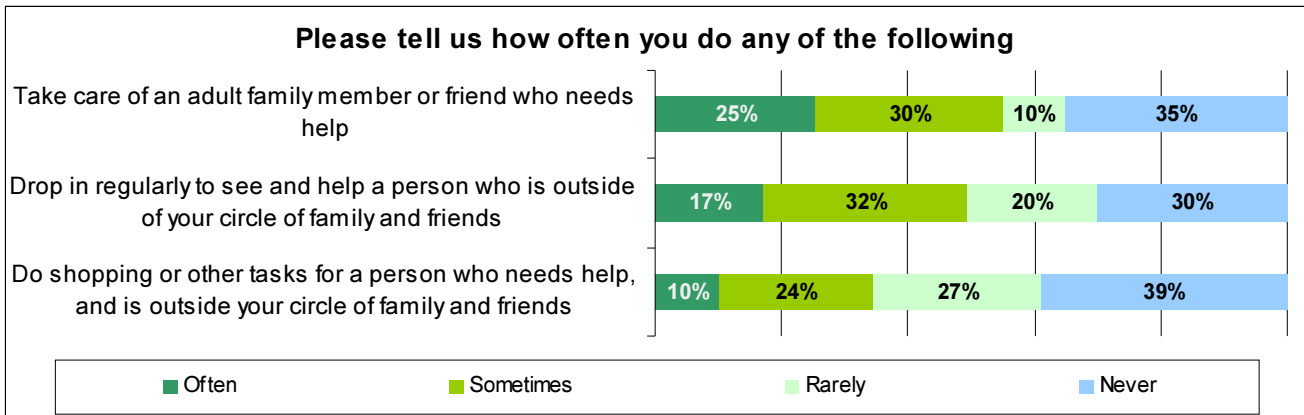
How important to you are the following?



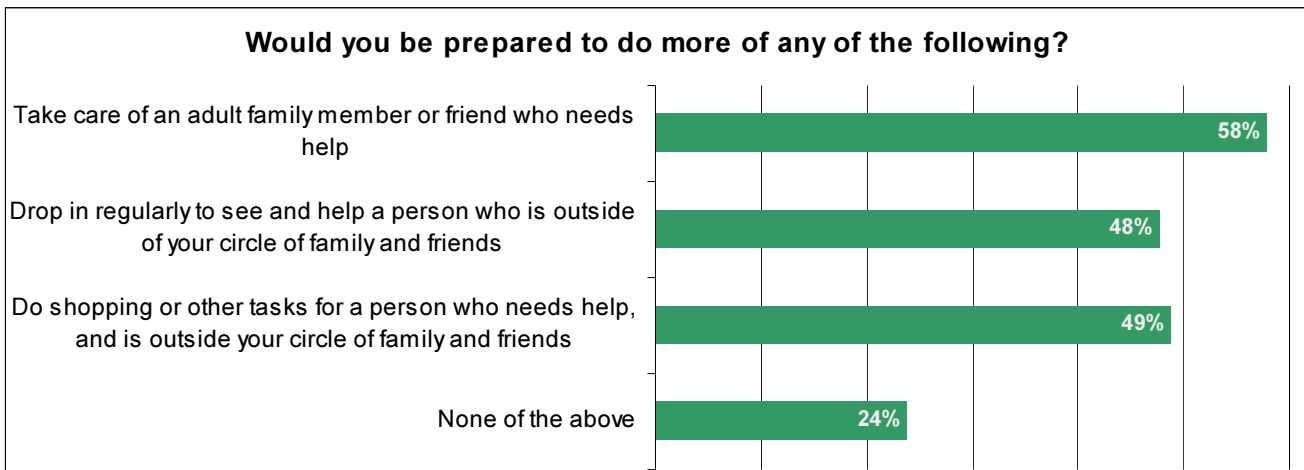
4.3 Keeping independent

A quarter of respondents often take care of an adult family member or friend who needs help, with a further 30% doing so sometimes. 35% of respondents never take care of adult family members or friends. Respondents are more likely to drop in to see and help a person outside their family and friends but do so less regularly. In terms of helping out those outside their circle of family and friends with shopping or other tasks, 61% of respondents do so at some point, although only 10% do it on a regular basis.

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Respondents appear keen to do more to help out others, particularly taking care of adult family members or friends who need help.

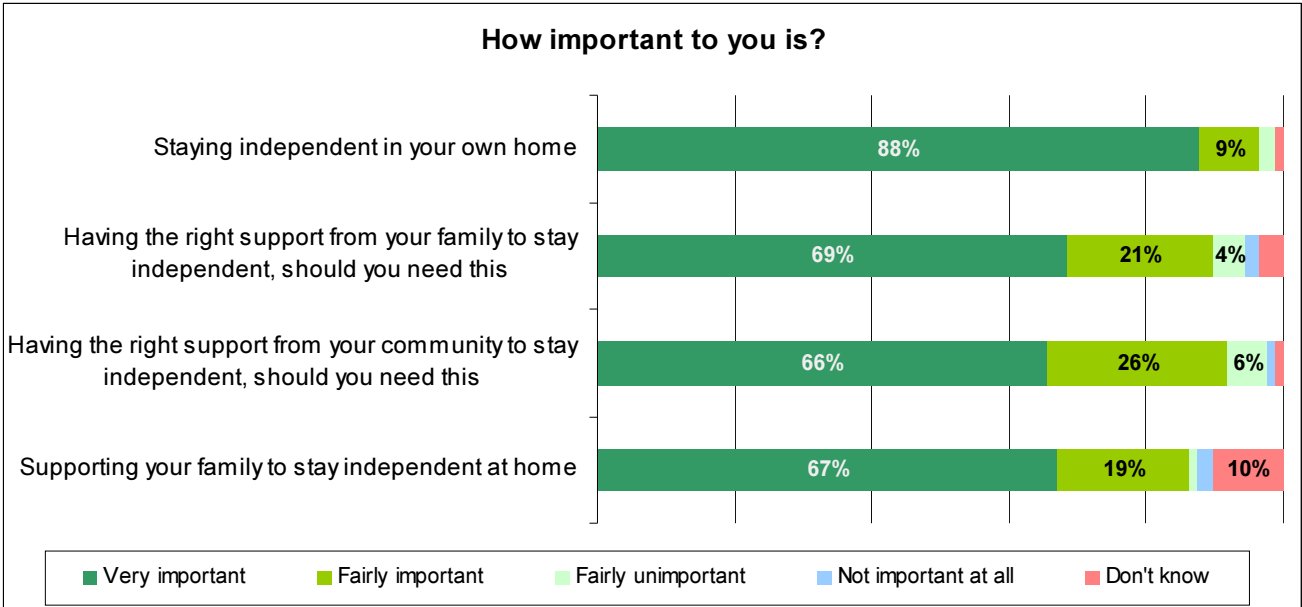


Only a quarter of respondents thought they definitely could do with help to do more of these things; a further 38% said they didn't know and 37% said there wasn't anything that would help. Suggestions for what might help included more time, transport provision, information and guidance, and signposting to those who need help.



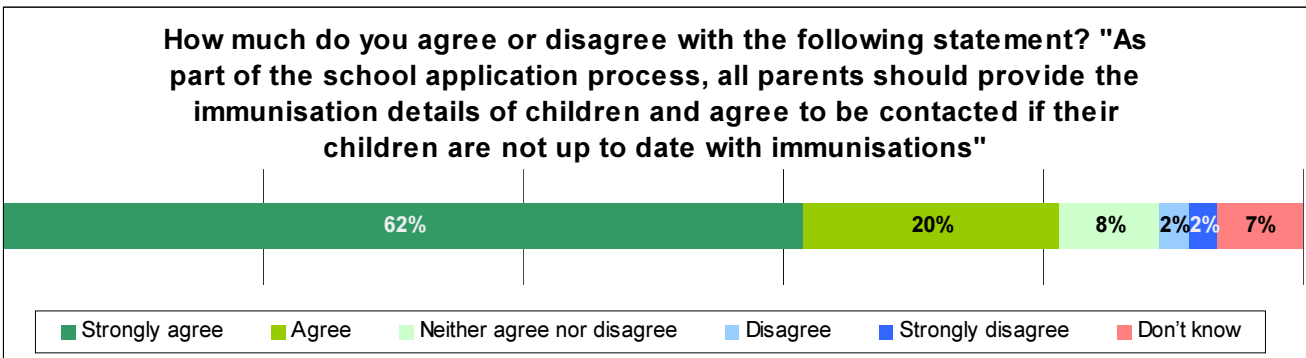
4.4 Improving independence

The vast majority of respondents (88%) say that staying independent in their own home is very important. Around two-thirds of respondents rate the following as very important also: having the right support from their family to stay independent, having the right support from the community to stay independent, and supporting their family to stay independent at home.

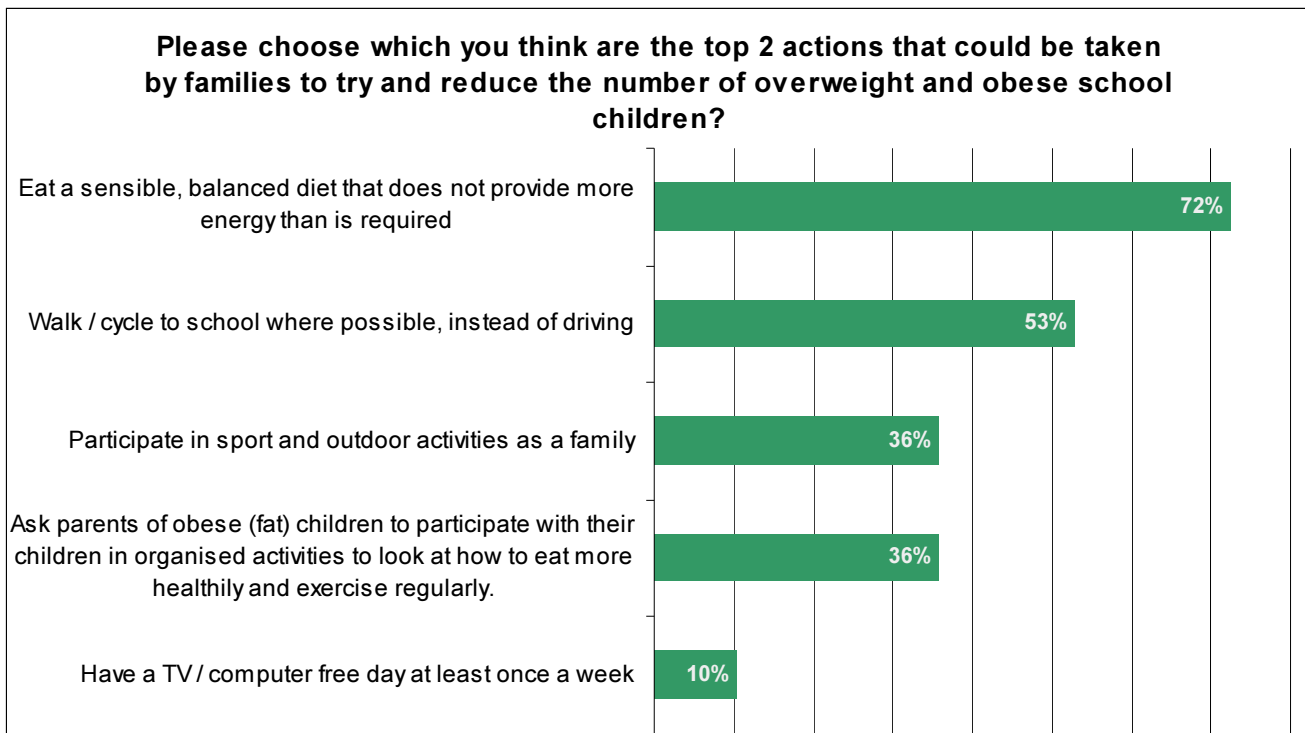


4.5 Preparing for a healthy life

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.



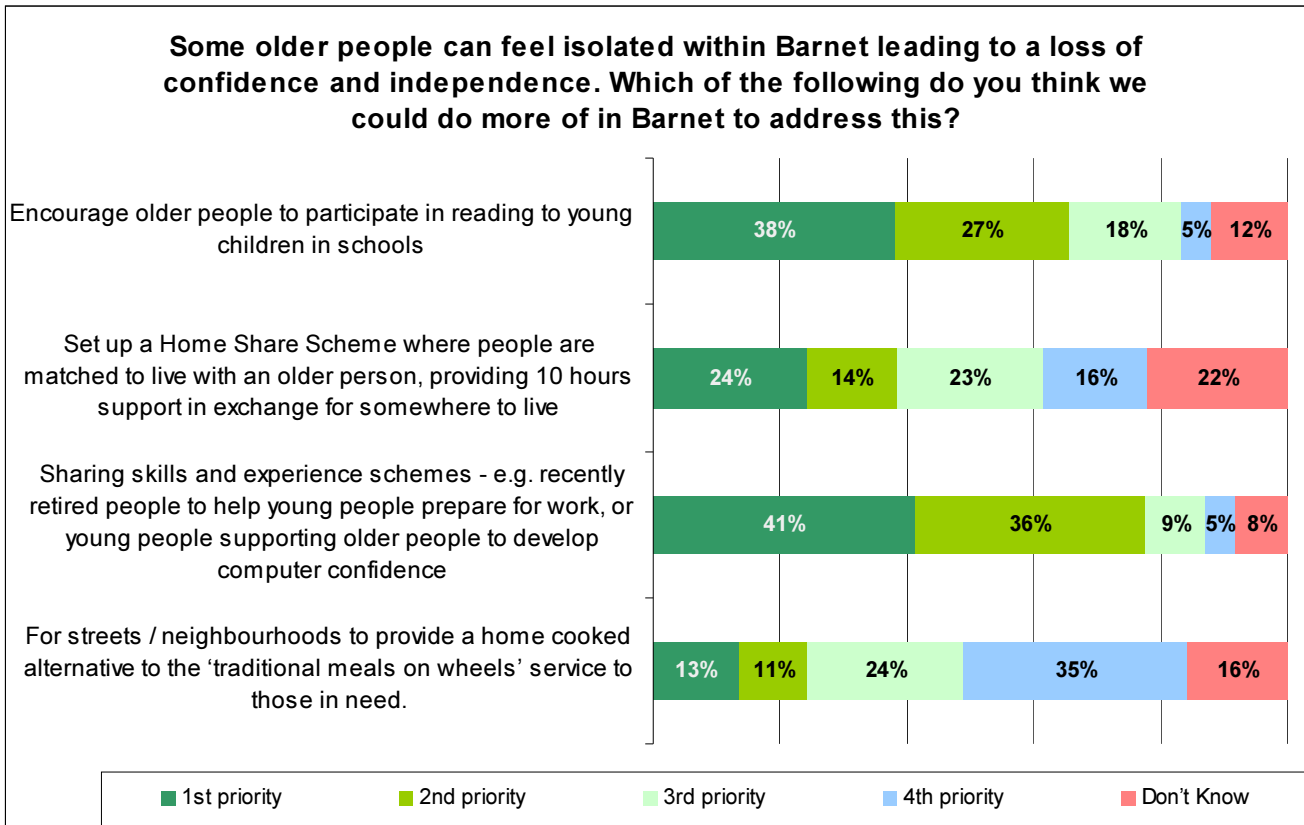
In terms of actions to reduce the number of overweight and obese school children, the most popular seem to be eating a sensible and balanced diet and to walk or cycle to school instead of driving.



Suggestions from survey respondents included parents setting a good example, normal mealtimes, restricting fast food, cookery classes and clubs and recipe ideas, educating parents and sharing ideas. There were also suggestions for cycle safety, meditation, more affordable sports facilities and outdoor activities and restrictions on advertising.

4.6 Wellbeing in the community

41% of respondents felt that sharing skills and experience schemes was the number one priority, and 38% felt that encouraging older people to participate in reading to young children in schools should be the top priority. Relatively few respondents thought that streets and neighbourhoods providing home cooked alternatives to traditional meals on wheels should be the top priority, and Home Share Schemes were seen as relatively less important also.

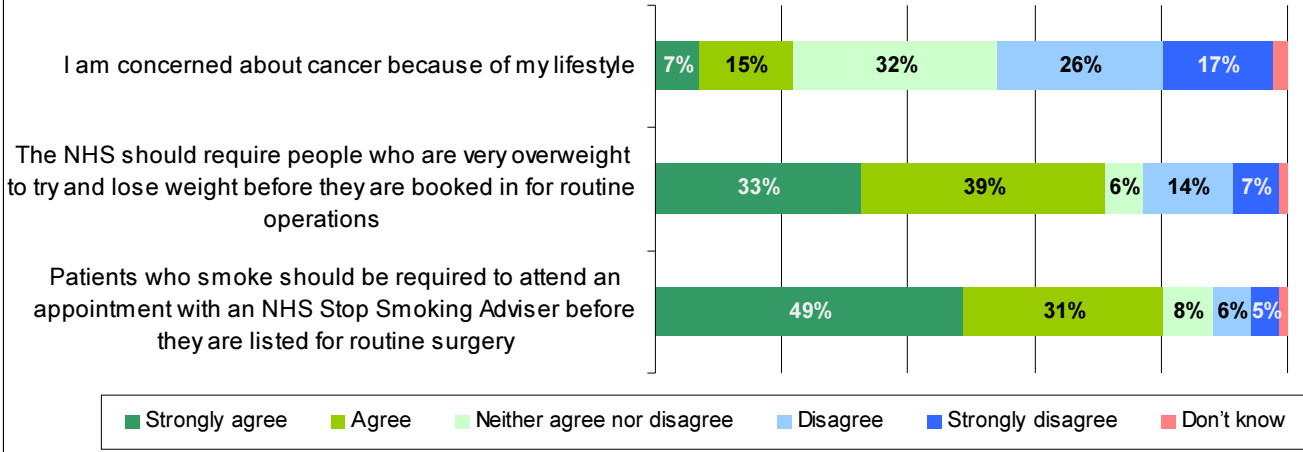


When asked what else could be done to reduce social isolation of older people, suggestions included home visits and phone calls, help for the elderly to get outdoors such as transport schemes and day trips, and community groups, day centres, and activities such as leisure walks.

4.7 How we live

22% of respondents are concerned about cancer because of their lifestyle, with 43% unconcerned. Nearly three-quarters (72%) of respondents felt that people who are overweight should be required to try and lose weight before they are booked in for routine NHS operations. And 80% of respondents felt that smokers should be required to attend an appointment with an NHS Stop Smoking Adviser before being listed for routine surgery.

Recent research has shown that about one third of cancers can be attributed to just four lifestyle choices - tobacco, inappropriate diet, overweight and obesity, alcohol. To what extent do you agree or disagree with the following statements?

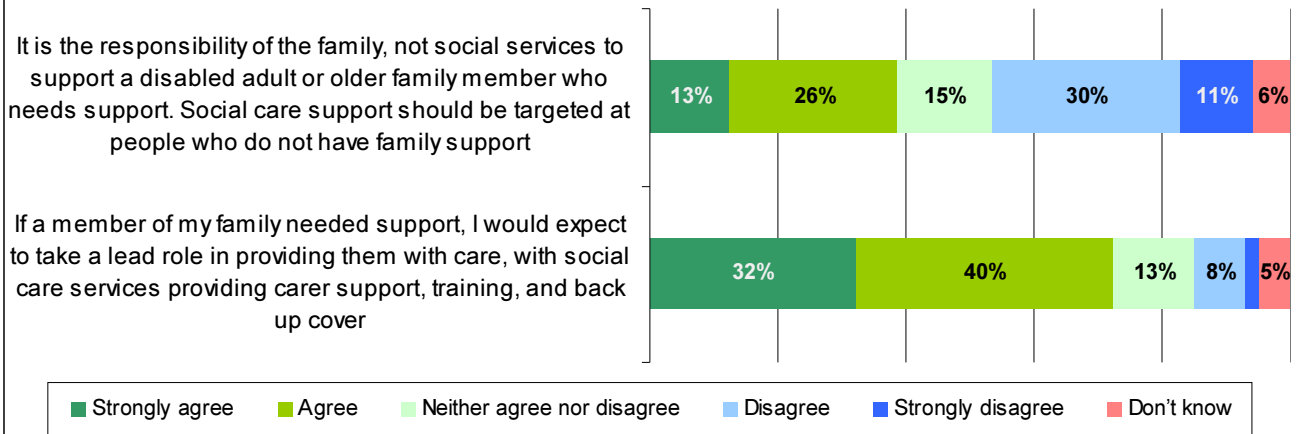


Of the five respondents who said that they smoked, three agreed or strongly agreed that smokers should be required to attend an appointment with an NHS Stop Smoking Adviser before they are listed for routine surgery, and only one smoker disagreed with this. Of those that have now given up smoking, 84% agreed with this policy.

4.8 Care when needed

There was a mixed opinion on whether social care support should be targeted at people who do not have family support - 39% agreed that it is the responsibility of the family to support a disabled adult or older family member, whereas 31% disagreed. There was much broader support for the notion that they would expect to take a lead role in providing family members with care if needed.

To what extent do you agree or disagree with the following two statements?



In terms of final comments, several respondents stated that many families were not in a position to take responsibility, or that some people did not have any family they could rely

on. There was also concern that there needed to be sufficient and effective support for family carers, and there was also a feeling that it is actually the role of the NHS and social services to support those in need.

5. Engagement Workshops

A number of meetings were held with the following groups to gather detailed feedback on the strategy:

- Experts by Experience group
- 55+ Forum
- Sheltered Housing Residents
- Barnet Voice for Mental Health
- Barnet Youth Board
- Community Barnet Providers Network
- Friern Barnet High School
- Holly Park Primary School
- Barnet Link Engagement Workshop

Meeting attendees were invited to express their views on all aspects of the Health & Wellbeing Strategy, were engaged in a general conversation about health and wellbeing, and were asked specifically how they thought the Council might implement the strategy.

The following are examples of the residents' views on the strategy, and how the strategy's proposals affect different groups, together with ideas on how the strategy's ambitions might be realised.

5.1 The Strategy

In general, residents thought that the Strategy's ambitions were good, but that there was no real idea of how these ambitions would be achieved. Many thought that it was simply a wishlist, and they doubted that it would actually mean very much in practice.

There was a prevalent view that the Council, through the strategy, perceived the residents as being "social capital", who would "Do the council's work for them", and that this would inevitably lead to a cut in funding for voluntary groups, and day care and community centres. They wished that the council would provide more leadership, and continue to co-ordinate and organise these services, not leave it to the goodwill of residents.

Some criticisms of the Strategy were that it doesn't address mental health issues enough, it needs more work on the problems of the disabled, and that there is insufficient focus on reducing health inequalities

5.2 People with mental health problems

There was general agreement that prevention is better than cure, but concern that this is not happening, and that mental health problems are not getting spotted early enough. There needs to be earlier intervention, which will not only limit the impact of the mental health issue on the person's life and that of their family, but would also save money in the long-term.

The Mental Health Providers Network raised a concern that the strategy did not address how to deal effectively with mental health incidences and did not make enough reference to people's cultural needs more generally.

It was also mentioned that targets for the Improving Access to Psychological Therapies programme are currently not being achieved in the borough, and the network felt that providing welfare benefits advice for people with Mental Health problems should be included in the strategy.

As part of this consultation process, the Barnet Mental Health Partnership Board have put forward suggestions for how Mental Health issues can be addressed under each of the strategy's four priority areas (see Appendix C of this report).

5.3 Disabled residents

Disabled residents felt that the Council needs to be more responsive to their needs, and the particular challenges they face. They found lack of adequate housing to be a problem, with the Council and Barnet Homes needing to think more about disabled people's life changes, and how their housing needs to adapt to these changes.

They would also like to see more information made available to enable them to access parks and green spaces, and they are often unsure whether buildings and parks have facilities for them.

5.4 Older people

The problems of old age present a particular challenge to the council, with an increasing amount of people needing access to care and facilities such as sheltered housing. There was generally perceived to be a severe shortage of sheltered housing in the borough, and that which is available has been subject to cost-cutting with regard to maintenance and the provision of full time wardens. This often led to "fitter" residents doing jobs that should have been done by the council. Many sheltered housing residents weren't keen on tele-health and telecare equipment, valuing the care from an on-site warden, and feeling that having to wear gadgets, such as pendant alarms, would lead to them being spied upon.

Sheltered housing residents would also like more activities to be available to keep them physically, socially and mentally active, and stop them withdrawing from society and increasing the chances of them developing mental health problems, such as depression. Arts and crafts skills and gardening were mentioned as being beneficial.

Old people would also benefit from having more easily available transport, especially to and from day centres.

Many older people would welcome a befriending scheme, which would help alleviate social isolation, and which was especially important for those who were largely confined to the house through ill health or disability. Also, one suggestion was that the council could create a central register of old people who live alone.

5.5 Youth

There was general agreement that young people needed better education about health and wellbeing issues. Many do not necessarily understand why things such as drugs, alcohol, sexual health are important. Any education also needs to be re-inforced regularly throughout their time at school, as many felt that they had not really taken in the information at a younger age.

There was agreement that enforcing strict alcohol sales policies would simply drive drinking “underground”.

Concern was also expressed that teenagers were most vulnerable once they had left education, and were cut adrift from any support or guidance.

Young people would like to have access to stress counselling, especially during exam times, when they felt that their health was suffering, and they reported issues such as inability to sleep and binge eating. Anyone accessing counselling should be ensured anonymity, and the counsellor should not be a teacher at the school, but someone from outside.

There was also a curiosity as to why physical education was taught at school, but mental health issues were never mentioned.

5.6 Generational interaction

Young people reported that they would be happy to help out older people do things like cleaning and shopping, but that this would best be done through a more formal scheme. They suggested that the Council or the schools initiate such a scheme, with the possibility that they could receive some type of recognition – a certificate (“Something I can mention on my UCAS form.”)

Older people stated that they would welcome help from, and the chance to meet, young people, and would be keen for them to teach them how to use computers and access the internet.

5.7 Exercise and leisure

The council’s record was not thought to be good on these issues. Municipal leisure centres were considered too expensive, and that cheaper membership options or “pay as you go” tariffs should be available, especially to those with health problems. Prices were often confusing, and subject to sudden change, with discretionary rates not well advertised. Fixing simple matters like these would lead to much greater use of facilities by all residents, thus having a positive effect on health and wellbeing.

One respondent commented that it was only by being able to swim every day that she would be able to maintain her mental health, and not having affordable access to this would be detrimental to her health.

The lack of cycle lanes in the borough was also widely commented on, with many residents wondering why the Council was not considering these, if they were serious about wanting to improve peoples' general health and fitness.

Another activity that residents widely reported as being important to both their physical and mental health and wellbeing was gardening. Many wanted more allotments to be made available and/or an opportunity to help in the maintenance of parks. Allotments would also allow people to grow their own healthy food. There was considered to be a serious shortage of allotments, and a view that the Council largely neglected or underused its parks and green spaces.

Extra facilities that people would like to see in parks included tennis courts, cycle tracks and outdoor gym equipment. It was also widely felt that parks should be better maintained, and be made more family friendly, with park keepers or community officers looking after them – remote CCTV surveillance, however, was not popular. Young people suggested that schools might occasionally use parks as outdoor classrooms, and that dedicated spaces be made available for this.

5.8 Community amenities and services

Availability of community amenities, and the provision of services was seen as particularly important, and was considered essential for “social health and wellbeing”, and particularly the wellbeing of older residents. These were essential support networks for local residents.

Residents were concerned that there had been too many closures of drop-in centres, day centres were too expensive, and there was a lack of transport to and from centres.

It was suggested that more meeting rooms be made available, and that schools could be used in the evenings, weekends and during holidays.

5.9 Environment

There was a general consensus that the built environment had a very important effect on health and wellbeing, with many believing that the aesthetic qualities of developments were not considered seriously enough. Council housing should be improved, and any future developments or regeneration schemes should be much more carefully planned.

Many suggested that unemployed residents might be offered the opportunity to help regenerate the housing estates by helping with things such as tidying up litter, painting, landscaping. There could be some sort of recognised training included in this or, for younger people, payment in the form of free leisure activities, gym memberships, etc.

Many residents wished to see cycle lanes and pedestrianised areas included in any new regeneration projects.

Poor housing was widely considered to be a negative factor in peoples' health and wellbeing, and it was something the Council urgently needed to address.

The borough also has to be more “green”, both in terms of its environmental policies, and literally “green” with the establishment of more parks and open spaces for leisure, and widespread planting of trees, to take the harsh edge off the built environment, and provide an atmosphere more conducive to wellbeing.

One contrary view was that regeneration was a very negative thing for the borough, as it invited more inward migration without the necessary infrastructure being present. There would be further pressure on already stretched resources (schools, roads, medical care) and would lead to a lower quality of life with a resulting negative effect on health and wellbeing.

5.10 Cultural and educational activities

The overwhelming feeling, amongst all groups, was that cultural facilities and activities needed improvement. Many pointed to the paring down of the library service as an example of what they thought the council was doing wrong, and that it seemed to be contradictory to many of the ambitions in the Health & Wellbeing Strategy.

Residents wanted more educational opportunities, with free or cheap courses in literacy or IT skills, which would help get them back into work, or in basic “living skills” for those who found it difficult to navigate our increasingly complex society – courses in managing money, recognising and coping with mental health issues, self-management, filling in official forms, or accessing benefits were mentioned.

There was also concern that such activities that do exist were not well advertised, and residents would like to see a comprehensive guide published online, and as a hard copy, perhaps in partnership with the local newspapers, or the establishment of some type of “one stop shop” for all community information, including a guide to all services that the council offer.

5.11 Implementation, updates and feedback

Voluntary groups and service providers would like representation on the Health and Wellbeing board, and residents were keen to receive regular feedback and updates on progress made on the Strategy’s implementation. A suggestion was that some sort of vehicle might be created by which residents’ proposals might be taken forward – possibly the formation of a committee including residents’ representation

Some residents proposed that a list of things which they would definitely want to see preserved should be drawn up, as there was the danger that when services are joined up some services would go.

Appendix A

Feedback from Barnet Link

The Council should use the voluntary sector more widely to disseminate information and to help co-ordinate activities. The Council should map existing services and providers and ensure that consistent messages are sent out through providers and that funding is in place to enable providers to tackle health problems.

The group were in agreement that people should not be denied health care on the basis of their existing health profile, such as obesity or smoking. Everyone should be entitled to health care in both primary and secondary settings (GPs, hospitals, access to drugs and operations). Some people are very vulnerable and if they are told that they have to meet certain conditions before they are treated, this might be intimidating to them and they then might avoid engaging with the health service altogether to the detriment of their health and well-being.

40% of those present said that the strategy is not perceived as a strategy as the 'how' is missing. It is a "wish list" of what could be done, but there is no detail or clarity on what will actually be implemented or how the services will be delivered. It did not seem that there would be an open opportunity for further discussion once feedback is received and the final strategy is published.

When the Council has made decisions, residents should also be consulted on which services will be delivered, how, by whom, when and where, before the decisions move to the implementation stage.

Real worry was expressed about the huge shift in placing greater responsibility on individuals and families for their own health and their lack of their involvement in shaping the strategy or defining its implementation. Much more effort should have been made to involve many more residents, for example, a leaflet should have been put through every letter box.

The emphasis on prevention is welcome but more is needed in terms of implementation. Importance of MOT yearly health check that will aid prevention of health matters deteriorating. Universal MOT health check should include Vitamin D deficiency, eye screening (for all ages).

Concern was expressed about the greater responsibilities being placed on families (caring, change of lifestyle, etc) associated with this document with no evidence of any involvement from families/ young people in the design of the consultation. Or have they?

Overall, the group concluded:

- a. the strategy is packed with ideas but full of practical problems
- b. promoting the document as a strategy could be disempowering, as a society we might not yet be ready

The four priorities:

1. Preparing for a healthy life

Children experience a range of influences, from their parents to television advertising. The Council should influence as many channels or providers as possible. This includes the provision of school dinners to supporting and promoting local suppliers on the high street to stock healthy produce.

Residents were concerned that some services were prioritised because there is funding attached. For example, immunisation is paid for by central government which is why it is included. In addition, some thought that parents and young people should have a choice as to whether to accept immunisations or not.

The loss of funding to children's centres and for health visitors and midwives, means that parents are not getting the essential information and support they need not only about healthy eating, but also about immunisations, and exercise for their children. Participants saw these cuts to services as a short term measure to save money now, whereas it would make better economic sense to continue to fund these services so that today's young people do not end up with avoidable health problems, needing NHS care, later in life.

Children should be encouraged to learn about how to grow and cook food in school. This could be done very cheaply and easily.

2. How we live

Volunteers can be used in some situations. For example, parents could take turns in walking a group of children to school rather than using the car. We know this already happens in some areas and consider it should be a scheme encouraged throughout the borough.

"Adult prescriptions" such as free access to swimming pools have been cut. In some cases, this was said to be because of low take-up, but it could be because of lack of awareness or lack of confidence.

Some of the green spaces run by the Council are attractive and well-used. There should be more adult playgrounds. Physical activity opportunities for adults should be much more widely promulgated and supported.

3. Wellbeing in the community

The strategy does not seem connected with wider strategies to empower residents to take a more active role in their health, particularly in relation to any employment.

Greater connection between social-health gradients and economic activity is needed if some of the ambitious proposals are to become a reality because improving lifestyle choices and wellbeing depends on the economic level of an individual (i.e. paying for exercise classes, buying better quality food, not having to work 45 hrs a week, and having the time and knowledge to cook properly).

A suggestion was made to suggest to families/individuals to save up for older age as its likely they will need care, including considering buying insurance.

No mention is made of problems associated with visual impairment;- 60% of people with a visual impairment have health conditions that are largely preventable, including depression, stroke, diabetes. Eye screening for all elderly people could be useful in the early detection of associated life-style diseases.

4. Care when needed

The group had concerns about the emphasis in the document on the shift in responsibility to individuals without information about the support/plan/clarity needed for individuals to take on this bigger role. Quote: *'This strategy is asking a mother to take a more active role, when they might already have a plate full of responsibilities and the new responsibilities are being dumped on her plate without her knowing!'* Furthermore, government/policy makers are assuming that within a family setting parents/carers could persuade lifestyle choices or wellbeing approaches: *" Within a family you can't always influence on health- I think my son is diabetic but he would not get tested"*.

Yet another concern is about the greater responsibility within the family setting for caring, without evidence of any plans for proper support for carers. This will increase financial hardship and might trigger other health problems for these carers.

It was suggested that a proactive health check screening system, every 2/3 years, should be instituted to identify problems and encourage the necessary changes as early as possible. At present it was felt that there is a lack of consistency in screening across Primary Care/GPs.

Appendix B

Labour Group's Submission to 'Keeping Well, Keeping Independent' Consultation

Page 6

We agree that Barnet's flourishing Third Sector has a key role to play and consider this to be undermined by the continuing cuts that the Council has imposed on them. The need to grow social capital, especially in areas of disadvantage, is vital to the success of the strategy.[see page 10 2.2 Building effective community capacity to provide the right support when needed together with a focus on early intervention form the key priorities for this group(the retired)].

We agree that all Council services have a role to play in delivering the strategy - however, there seems to be no consideration of the effect of the move to a commissioning Council and the effect that will have on the ability and coherence of the different services, especially the regulatory services. The strategy states 'All Council services have a role to play in promoting health and well-being and support delivery of this Strategy.' What about services that are to be outsourced - for a 3 year strategy this is a glaring omission.

2.1

The fact that 18,195 children live in poverty and that this is a major determinant in health inequalities throughout their lifetime seems to be acknowledged[2.2, top of page 10]. The need for a proper and effective anti-child poverty strategy is not e.g. the importance of year round affordable childcare, the need to increase the availability of good quality social housing, etc.

2.3

Several comments on this section

- There needs to be a clearer acknowledgement on the need to intervene at the public as well as individual level; an example of this is the success of the smoking ban in public places - one cannot rely on the market to provide a healthier environment.
- The role of planning, regeneration, neighbourhood and town centre plans is mentioned. This is important to the strategy's success but does need to be pro-active e.g. looking at restricting the number of fast food outlets near secondary schools or in areas of high deprivation. This should be explicitly mentioned in the strategy.
- If these services become commissioned they need to sign up to the strategy and provide monitoring information that is open to scrutiny.
- 5 - "Developing greater local community capacity"...see comments above regarding the cuts to the very services that are to be developed.

3.1

Paragraph 2

This highlights the fact that inequalities begin pre-birth and again provides evidence of the need for a proper and effective strategy to attack child poverty. This is lacking in Barnet. Last paragraph and several other places.

The need for effective partnership is vital. This needs to be built around a one public sector ethos that realises there are not market solutions to care - one cannot commercialise compassion.

4.1

We totally agree there is an important link between how places are planned and developed and the health of the communities who live in them. How will Barnet ensure that planning enhances a healthier built environment when it is a commissioned service? Similarly we agree with the link between unemployment and mental health is well documented - however the strategy does not comment on the cuts in public services that are adding to unemployment and the fact that this may increase demand on already stretched services.

4.2

We fully support bullet point one 'Use the Council's planning and licensing processes to create a built environment that is conducive to healthy living choices such as walking and the accessibility of safe open spaces. However, we fear if these vital services are outsourced it will undermine the ability of the Strategy to deliver.

5.2

Last bullet point.

'Continue Trading Standards under-age alcohol sales test purchasing programme together with enforcement of Licensed premise licence conditions in relation to sales of alcohol to people who are already drunk.' As these do not bring in an income what is the incentive for a private company to prioritise these objectives?

6.3

The realignment of spending in both NHS and Social Care to provide a greater focus on prevention. This is to be welcomed, but the delay in dealing with long-term funding of social care, especially residential, will increasingly lead to greater costs to commissioners and the reversal of this move to prevention.

Cllr. Barry Rawlings on behalf of the Labour Group

Appendix C

Mental Health Partnership Board 19 April 2012

Feedback from Small Group Working

How would you see Mental Health (MH) fitting into the four themes?

1.1 **Theme 1: Preparation for a healthy life** – that is, enabling the delivery of effective pre-natal advice and maternity care and early-years development

- good sexual health and contraception strategies
- medication – stopping when pregnant
- maternity, post-partum psychosis
- post natal depression – early recognition - allied with medical conditions – risk factors - identification of pre-disposition
- ability to care for child
- planning with service users – care and support for mothers
- mothers getting early intervention:
 - substance misuse and mental health specialist midwives
 - support around education
- access to MH services for children in a non-stigmatising way
- nurses in schools – awareness
- education
- in schools? 'Place 2 Be'. Partnership work with schools and young people
- advocacy
- investment in schools – Do they recognise child mental health? Very busy!
- teachers need a quick route to support them 'don't have time'
- non diagnosed children need input for prevention
- family work
- MH as part of safeguarding training
- adult service linking with children's services, specifically around services for adult MH
- CAMHS services – link with adult

1.2 **Theme 2: Wellbeing in the community** – that is creating circumstances that better enable people to be healthier and have greater life opportunities

- education
- not reinventing the wheel – using resources that are already out there – Time for Change campaign etc
- employment opportunity
- befriending – investment in services
- awareness of duty of care to self!
- social isolation

- social networks (includes online) / facilities, befriending, parks, libraries
- exercise, diet and mental health
- integrated provision
- housing
- anti-stigma
- awareness
- transport
- safety
- finance

1.3 Theme 3: How we live – that is enabling and encouraging healthier lifestyles

- education
- walking groups
- smoking cessation targeting MH
- link between substance misuse self medication / mental health

1.4 Theme 4: Care when needed – that is providing appropriate care and support to facilitate good outcomes

- education
- reducing isolation
- GPs (and all services and other groups) – need much better awareness of what's out there in the community
- provision of information / MH Guide
- communication about what is available and its limits
- access to IAPT (should be greater than 5%!)
- employers supporting employees
- personalisation
- dignity
- education
- choice
- service user support for carers