

Consultation report

Keeping Well, Promoting Independence

A Joint Health and Wellbeing Strategy for Barnet 2015 – 2020

October 2015

Introduction

This report sets out the findings from the consultation conducted as a part of the development of the Joint Health & Wellbeing Strategy 2015 - 2020. The consultation involved two phases. The first phase explored views on the proposed priorities of the strategy and the second phase asked for views on the draft strategy. Both phases included workshop discussions and the second phase included a survey.

The findings are important in order to quantify the opinions of residents and partner organisations on the strategy.

Background and context

At its meeting in November 2014 the Health and Wellbeing Board (HWBB) requested work to commence on refreshing the current Barnet Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing (JHWB) Strategy, which were originally produced in 2011/2012 and expire in 2015. The Health and Wellbeing board are required to produce a JSNA and JHWB Strategy.

The Barnet JSNA, which was carried out in 2015, provides the evidence base for the JHWB Strategy 2015 - 2020. The JSNA provides a snapshot and future projects of the profile of our borough covering aspects such as health, social care, community assets, community safety and housing. The JSNA highlights areas of 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 Joint Health and Wellbeing strategy aims to reduce these health differences by focusing on keeping well and promoting independence.

The Joint Health and Wellbeing Strategy has two overarching aims consistent with the aims of the previous strategy:

Keeping Well – Based upon a strong belief that ‘prevention is better than cure’, this strategy aims to begin at the very earliest opportunity by giving every child in Barnet the best possible start to live a healthy life. It aims to create more opportunities to develop healthy and flourishing neighbourhoods and communities as well as to support people to adopt healthy lifestyles in order to prevent avoidable disease and illness.

Promoting Independence – This strategy aims to support residents and communities to become equal partners, with public services, to improve health and wellbeing. It also aims to ensure that when extra care is needed, this is delivered in a way which enables everyone (children, young people, adults and older people) to regain as much independence as possible, as soon as possible, and as ever supported by health and social care services working together.

Methodology and data collection

The consultation took place in **two phases**:

- April – August 2015 developing the strategy priorities
- 17 September – 25 October 2015 public consultation on the draft strategy which included a survey.

The consultation collected a wide range of views and opinions from both local residents and interested organisations.

In summary, the methodology was as follows:

- The strategy was presented as a number of meetings between June – October 2015 giving residents and partners the opportunity to discuss the strategy in workshop sessions
- 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 paper copies by request
- An easy read summary document was made available
- The online survey was available from 21 September – 25 October 2015
- Data was collated and analysed in-house
- The survey was widely promoted via a communications campaign through Barnet online (press release), social media, public and service user events, Barnet CCG internal and external communications channels, Healthwatch, Resident Forums, Barnet Homes residents' Viewpoint Register, and communications via CommUNITY Barnet's contact database, to encourage high response to the survey.

Findings

Phase 1: Priorities

From April – August 2015 a number of **engagement events** were held to develop the JHWB Strategy priorities. Following the emerging findings of the JSNA and a review of our performance over the lifetime of the previous Health and Wellbeing Strategy (2012 – 2015) initial priorities were identified as areas where it would be beneficial for the HWBB to focus their joint efforts in order to make the most positive gains for the borough's residents. Participants in this phase of the consultation were asked what they thought of the priorities. The strategy was discussed with:

- Partnership Boards at the Partnership Boards and Health and Wellbeing Board Summit (residents, carers, voluntary and community sector organisations, Healthwatch, Barnet Council and Barnet CCG)
- Barnet Youth Access Board
- Barnet Safeguarding Boards
- London Probation Service
- Local infrastructure organisations (CommUNITY Barnet; Groundwork)
- Partnership Strategic Commissioning Board (including businesses and Middlesex University)

Overall this phase of the consultation found **support for the priorities**. As a result of this phase the priorities were **refined and important areas of further exploration**

were provided (such as social isolation, employment). Appendix 1 has highlights from a few of the discussions.

Phase 2: Draft Joint Health and Wellbeing Strategy 2015 – 2020

A **survey** was available online and paper copies were available on request from 21 September – 25 October 2015. In addition, the strategy was **presented** at a number of fora and individual organisations and residents were encouraged to feed into the response outside of the survey.

Survey responses

A total of **27 residents and organisations took part in the survey**. 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.

The responses came from a mixture of Barnet residents (68.2%), voluntary and community sector organisations (27.5%) and public sector organisations (4.5%). Due to the small sample size no further analysis has been done on the response to each question by these different demographic sub groups.

Overall there was **support for the vision, theme areas and priorities –**

- 96% agreed with the overall vision for health and wellbeing in the borough
 - One respondent disagreed with the vision based on delivery, this is addressed in the response below
- Over 80% agreed with the theme areas
- A high percentage of people agreed with our priorities for the themes –
 - Preparing for a healthy life – 74%
 - Wellbeing in the community – 85%
 - How we live - 85%
 - Care when needed – 85%

For each theme, respondents considered the **following areas to be most important**. The areas that are most important to residents reflect the principles of the strategy including a focus on prevention and early intervention, building resilience and community capacity and reducing health inequalities:

For preparing for a healthy life:

- Develop targeted, multi-agency, place based commissioning programmes to increase household income
- Target social action, volunteering and employment projects delivered by our local infrastructure partners

- Ensure all parents of targeted two year olds and universal three and four years olds access their free entitlement offer.

For wellbeing in the community:

- Build prevention and early identification into all we can to prevent and reduce mental health problems
- Make mental health the key priority of the Health and Wellbeing Board for the first year of the strategy
- Engage volunteers through befriending schemes (particularly as a respite offer for carers) and promote ways for people to get involved locally such as in the Borough's parks and green spaces and libraries.

For how we live:

- Make it easier for people to access and engage with sport and physical activity - Take sport and physical activity outside of the leisure centre
- Target those who do not traditionally take part in sport and physical activity
- Support individuals and communities to take ownership and responsibility for sustainable sports and physical activity options.

For care when needed:

- To increase the identification of unknown carers – develop targeted campaigns
- To support carers to have a life of their own and positive health and wellbeing through training for carers, improving the respite offer and involving carers in the development services
- Continue to implement our vision for the integration of health and social care for frail elderly people and people with long-term conditions including building teams across organisations, promoting prevention, taking a whole life perspective and improving referrals into services.

As well as the survey respondents, individuals and organisations fed into the consultation via written responses, workshops or through arranging individual meetings. The strategy was discussed at:

- Children and Young People Practitioners' Forum (see appendix 1)
- Healthwatch AGM (see appendix 1)
- Barnet Youth Access Board (see appendix 1)
- Three Barnet resident forums.

Individual responses were received from:

- Jewish Care
- London Romanian Seventh-day Adventist Church

- Jewish Deaf Association
- Barnet Voice for Mental Health
- Healthwatch Barnet Youth
- Saracens Sports Foundation
- Age UK Barnet

Throughout the consultation there have been a number of offers from organisations to support us to deliver our priorities and these discussions are being taken forward. Local organisations and groups have offered to engage with the proposed actions particularly promoting independence, employment support services, signposting and holding events to promote health and wellbeing.

The table below captures the areas highlighted by all respondents (online survey and individual responses). Responses have been grouped into themes.

Issues raised	Response
<p>Accessibility:</p> <ul style="list-style-type: none"> • The needs of people with physical and sensory impairments and the importance of cultural differences are missing • Rated as highly important by respondents with regards to the focus areas of each theme • The importance of choice and control. 	<p>The strategy has been updated to:</p> <ul style="list-style-type: none"> • Highlight our equalities duty and person centred approach to service design and delivery • Accessibility is central to a number of programmes such as the Health and Social Care Integration model, 0 – 25 disability service and the early years review • Incorporate people with complex and/or special access needs throughout the strategy • Include information about the Barnet Centre for Independent Living (BCIL) project to increase participation in sport and physical activity for people with physical disabilities • Increase the information included about personal health budgets • For children, accessibility is central to our 0 – 25 service offer and will be part of the early years review.
<p>Including “whilst also bearing in mind individualised care costs and long term benefits” after - “Citizens will be treated equally, with understanding and respect, and will have equal access to quality services which provide value to the taxpayer.</p>	<p>This line is from Barnet’s Strategic Equalities Objective (https://www.barnet.gov.uk/citizen-home/council-and-democracy/policy-and-performance/equality-and-diversity.html) and therefore cannot be amended. The statement that you added, “whilst also bearing in mind individualised care costs and long term benefits” is considered as part of the Equalities Objectives and as part of meeting the requirements of our equalities duty</p>
<p>Supporting the voluntary and community sector to deliver services and</p>	<p>We value the work of the voluntary and community sector and consider the sector to be a key partner in delivering our vision for health and wellbeing in the</p>

become sustainable.	<p>borough. Work with our Local Infrastructure Organisations is referenced within the strategy.</p> <p>The Health and Social Care Integration work led by the council and CCG (described in the <i>Care when needed theme</i>) works with residents and voluntary and community sector groups to develop services that support people to take responsibility for their own health.</p>
There is too much focus on volunteer capacity; how will volunteers be identified?	The strategy looks at the opportunities for developing and supporting community capacity. The strategy also highlights the importance of employment and increasing outcomes and the programmes we have in place to support this. Working with our Local Infrastructure partners will help us to identify and develop our volunteers.
Include the reference for the resident satisfaction data.	A reference to the Resident Perception Survey has been added.
Effectiveness of campaigns (wellbeing; carers).	<p>We will run targeted, evidence based campaigns. We will also work with our partners (such as schools, pharmacies, social care providers) to embed consistent messages.</p> <p>Campaigns to identify hidden carers were highlighted as a priority area by respondents for the care when needed theme and, through the consultation process, a number of organisations have offered to support the delivery of campaigns.</p>
<i>Preparing for a healthy life</i> theme to include single mothers, all mothers and the needs of parents who need help and support.	The priority and action incorporates and reflects the needs of all parents, the priority has been updated to reflect this - Focus on early years settings and providing additional support for parents who need it.
Do we still have school dentists?	<p>We commission an Oral Health Service (this comprises of Oral Health Co-ordinator plus equipment) this reflects Barnet's overall public health oral health improvement strategy. The Oral Health Co-ordinator promotes a tooth brushing programme in targeted schools.</p> <p>We also have a Community Dental service (based at Vale Drive Primary Care Centre) for children and young people with SEND or children who are unable to receive oral health through a regular NHS dental service.</p>
Lack of mental health statistics in section 3 (<i>Where are we now</i>)	One statistic has been added to section 3: In 2015, it is predicted that 56,333 people aged 18 – 64 have a mental health problem

	<p>Statistics about mental health in the borough are included, in detail, in the <i>Wellbeing in the community</i>.</p>
<p>There are often long waiting times for mental health services including the voluntary sector.</p>	<p>We are keen to rebalance the system to focus on prevention, early intervention and improved management of complex cases to relieve the pressure on the system. The service redesigns and developments (including the reimagining mental health project) will be looking at waiting times to ensure that care and support is available to residents when they need it as well as making sure that families and communities are aware of the services available. The strategy (<i>Wellbeing in the community</i>) gives our vision and highlights areas of further development which will include personalised services in the community, this work is underway and will involve further consultation.</p>
<p>Engaging with residents with mental health issues within their family setting to make sure they are aware of all the programmes and support services that are available.</p>	
<p>Making mental health services shorter and more focussed on getting well, rather than staying in them for a long time.</p>	
<p>Include support for people with long term problems to attain a meaning and purpose in life.</p>	<p>This has been included in the description of <i>Wellbeing in the community</i> - We will strive to support people to pursue their interests within their capabilities.</p> <p>This is also reflected in our personalised approach and volunteering offer as well as neighbourhood and community services.</p>
<p>Ensuring that health champion programmes are developed appropriately.</p>	<p><i>Wellbeing in the community</i> refers a new model of health champions which will be piloted in 2016. Health champions will be supported to work alongside patients and staff in six practices in the west of the borough. This model is based on a successful implementation of a similar model in another area of the country and will be closely monitored.</p>
<p>Social isolation The importance of transport in reducing social isolation</p> <p>"In Barnet, social isolation is particularly prevalent in elderly women who live alone, notably in areas of higher affluence and lower population density." this does not take into account social connectivity and socio economic status (and other research)</p>	<p>Transport will be considered as part of regeneration schemes and activities to reduce social isolation</p> <p>We acknowledge that people from all backgrounds in all areas of the borough experience social isolation. However, research conducted by Barnet shows that older women are more likely to live by themselves. The research found that women are more likely to live by themselves in areas of higher affluence.</p> <p>The strategy has been updated to make this clearer - In Barnet, social isolation is especially prevalent in elderly women who live alone (more likely to be in areas of higher affluence and lower population density).</p> <p>As outlined in the strategy we will be working to reduce</p>

	social isolation of all residents (children, young people, adults and older people) at risk of or experiencing social isolation (across the borough). We will use research, evidence and examples of best practice to identify and support residents experiencing social isolation.
In relation to people missing work due to ill health is it worth mentioning that work is being done with GPs on dealing with Medically Unexplained Symptoms which accounts for a lot of lost days in work e.g. back pains etc.	The strategy has been updated to include in <i>Wellbeing in the community</i> .
The link between housing and health needs to be stronger.	This is already included in <i>Wellbeing in the community</i> and will be taken up as part of the Housing Strategy with the Health and Wellbeing Board being sighted on developments
Support uptake of screening for age related conditions such as triple A screening, occult faecal blood screening for rectal/colon cancers. Also for age related macular degeneration.	Public Health will work with NHS England to explore appropriate service delivery in line with best practice to improve the uptake of all screening including cancer screening programmes. The priority has been updated to make this clear.
There needs to be improved follow up of patients who complete physiotherapy sessions to ensure they continue taking exercise.	The Sport and Physical Activity section in <i>How we live</i> reflects our ambition to work with partners to improve pathways to physical activity. The link between physiotherapy will be covered more holistically through an approach with hospitals to signpost into walking for health related programmes – an area of work that will be reviewed in the coming year.
Need to be clearer about how sport and physical activity will happen outside of leisure centres, e.g. food growing projects, cook and eat etc. Allotments, gardening and food growing are important for health and wellbeing.	The sport and physical activity section (<i>How we live</i>) has been updated to better reflect our ambitions and intentions to support residents to participate in sport and physical activity especially outside of leisure centres. Allotments are included in the scope of the Open Spaces Strategy which aims to develop a strategy for parks and open spaces that reflects the needs and aspirations of residents, elected members and staff and ensures a sustainable financial basis for the service. The Council has an aspiration to radically re-think the role that parks and open spaces play within the borough. Parks and open spaces have the potential to support a wide range of cross-cutting

	strategic priorities, including public health and wellbeing, the environment, biodiversity, education, employment, community safety, regeneration and community engagement. In developing a new strategy, the Council wishes to reference current best practice and recent research into options for future funding and governance of public open spaces
Keeping parks clean.	This will be considered as part of the Open Spaces Strategy, a reference is included in <i>Wellbeing in the community</i> .
<p>Pedestrians</p> <ul style="list-style-type: none"> • Need to improve the pedestrian environment and infrastructure so it is designed for pedestrians. JHWP Strategy needs to be considered alongside Barnet environmental policies. • ALL pedestrians need to be considered • Paths need to be constructed out of appropriate materials and even (to reduce falls) • Making the built environment conducive to walking (closeness of shops, benches, access to toilets, safety). 	<p>Our sport and physical activity aspirations are inclusive of these aspects for example active travel, encouraging engagement outside of leisure centres and promoting an active habit.</p> <p>The Council has a duty under the Highways Act 1980 to ensure that the highway network, which includes all footpaths and public rights of way, is safe for all residents who are using it. To this end the Council is investing £50 million over the next 5 years to renew a large number of the highway network (including footpaths) in the borough.</p> <p>In addition the highway network is regularly inspected to ensure that it is safe and any defects found to be urgent are repaired within 2 hours.</p> <p>New footpath linkages and walking routes are part of the strategies and implementation plans behind every regen scheme.</p>
Carers – need to know about benefits.	We aim to ensure that all carers have access to the entitlements and services that they need. The strategy (<i>Care when needed</i>) has been updated to make this explicit.
Supporting vulnerable carers.	This is inherent in our priority to support the health and wellbeing of carers; this will mean identifying carers who have their own health and wellbeing vulnerabilities to ensure that they have access to the appropriate support. This has been highlighted with <i>Care when needed</i> .
End of life care is missing.	Prior to consultation a section on palliative and end of life care was being developed which is now included in the final strategy to show our work in this area.

With regards to delivering our ambitions, this is a joint strategy between Barnet CCG, Barnet Council and Healthwatch Barnet; all organisations are committed to the

delivery of this strategy. Following agreement at the Health and Wellbeing (November 2015) a delivery plan will be developed and presented to the Board in January 2016; further consultation will take place with regards to the delivery plan as it is vital that partners commit to embedding the strategy and supporting the delivery of its priorities. Each year a performance report will be presented to the Board to ensure that progress is being met. The strategy will be embedded in the work of the Health and Wellbeing Board member organisation and our partners.

We are also committed to ensure that we monitor and evaluate programmes to determine effectiveness and best value for money. Barnet Council and Barnet CCG are committed to delivering high quality services, we comply with standards and guidance and have monitoring and evaluation processes in place. Both organisations regularly seek service user feedback and work closely with Healthwatch such as implementing the findings of enters and views to improve services for residents

Appendix 1: Feedback from workshops and presentations

1) Partnership Boards and Health and Wellbeing Board Summit – 9 July 2015, 88 people (service users, carers, VCOs, councillors, LBB, Healthwatch, BCCG)

Overview of key points:

Preparing for a healthy life (early years settings and child tooth decay)

- Early years setting – key priority; including educating parents, developing positive attachments and building resilience
- Need to improve engagement with fathers (all parents)
- Links with safeguarding (dangers of the internet)
- Helping young people prepare for adult life
- Incorporating the priority of child tooth decay with the early years settings priority
- Child tooth decay is a strong identifier of need
- Improving access to dental care (in and out school)

Wellbeing in the community (improving mental health and mental wellbeing for all)

- Supporting certain groups, targeting those most in need
- Reducing stigma, raising awareness
- Not just focussing on high end need, need to support people with low mental health issues
- A holistic approach to care is needed including links with other conditions and behaviours (e.g. smoking)
- Pathways and treatment services (e.g. referrals, waiting times) are an issue
- Focusing on early intervention and encouraging self-care
- Key role for voluntary and community sector
- Improved promotion of what support is available
- Encouraging community and neighbourhood activities

How we live (physical activity and healthy workforce)

- Improve the boroughs networks and environment to be more conducive of active travel
- Focusing on prevention including explaining the benefits of physical activity
- Physical activity is a broad area – needs to have specific aims
- Healthy workforce is important; working with employers to allow flexible working
- Reducing the stigma of mental health in the workplace (including the application process and being able to call in sick)
- Employment opportunities and inclusion for people with disabilities

Care when needed (carers)

- Professionals need to appreciate the important role of carers

- Identifying hidden carers; issue of people feeling obligated to care, being supported to identify as a carer and access support available
- Supporting vulnerable carers (e.g. carers with mental health issues)

Other

- Importance of the voluntary and community sector
- Accessibility

2) Barnet Youth Board – 30 April 2015 and 24 September, 20 young people in total

- Promotion of dentists and positive oral health needs to be within and outside of schools
- Opportunities to link with 'Make your mark'
- Transport and access to services is important for everyone especially older people and people who have had an operation
- Accessing a GP is important but sometimes difficult
- Intergenerational projects should be encouraged
- Eating disorders need to be recognised and people need to be able to access support
- More healthy eating and public health promotion needed in schools
- Availability of housing
- Importance of mental health support, reducing stigma and the support being there when young people need it (e.g. at night)

3) Healthwatch AGM, 17 September 2015, 57 people attended

- Suicide is an important issue, supporting people in crisis should be paramount
- The importance of developing services with people (not just for people)
- It needs to be clear when neighbours are able to refer people to services (rather than requiring a GP) such as to support people with early signs of dementia
- There needs to be more intergenerational work
- Experience of primary care is important (links to the Healthwatch Primary Care Group)
- Quality of services in care homes
- Interpreters are needed for people whose first language is not English and for people with hearing loss
- Service and referrals need to be joined up
- Transitions from children to adult services need to improve
- Eye sight liaison officer is now in place and making a positive difference

4) Children and Young People Practitioners' forum, 30 September, 35 people

Preparing for a healthy life

- Demand versus supply of free child care (we are working to increase the supply in places where this is low and increase the take up across the borough)
- Healthy towns – solution that Barnet can use? What is happening in Barnet
- Communicate what is happening locally?
- Educating families about their health
- Prenatal classes and beyond
- Throughout stages – health visitors, children centres
- How can join up dental issues across agencies in NHS / council – where you can go? Emergency dentist?
- Involving different communities / cultures in dental care guidance
- Saracens – contribute – children centres in Hertfordshire, crèche and then access for mums about nutrition, parents understanding own health and in turn helping children (link Healthy Children Centres)

Wellbeing in the community

- Emotional wellbeing is important for all ages
- Access to services is difficult and needs to improve

How we live

- Be clearer about increasing participation plans including support for people to access
- Using assets such as school facilities in the evening
- Barriers to cycling in the borough such as no showers at work, no borris bikes, storage at home is difficult. Need to encourage bike recycling and borrowing
- Review alcohol licensing
- Screening – need to know who is not accessing it to be targeted, take the service to the people and ensure employers let people go to appointments
- Mobile apps are good e.g. couch to 5k

Care when needed

- Active language needed – what are we implementing?
- Need to engage with children and young people in the delivery of the strategy
- Who is engaged? How can we extend our networks?