

## **Consultation summary for the Health and Wellbeing Strategy 2015-18**

This document outlines the consultation work that has been carried out to inform Haringey Health and Wellbeing Board's *Health and Wellbeing Strategy 2015-18*. It provides a detailed summary of the responses to the public consultation carried out in February-March 2015.

### **Evidence gathering and early consultation work to inform the draft Health and Wellbeing Strategy**

Haringey Health and Wellbeing Board launched a refresh of the Health and Wellbeing Strategy in July 2014. This began with an update of the data measures that had informed the current 2012-2015 strategy, and a review of the Joint Strategic Needs Assessment (JSNA). This provided the evidence that informed the new strategy. The evidence was reviewed by a series of workshops held within the Council and Clinical Commissioning Group.

Haringey Association of Voluntary and Community Organisations (HAVCO) and Haringey Healthwatch were commissioned to deliver a series of pre-consultation workshops with residents and service users. In addition, during September and October 2014, HAVCO conducted a survey on Health and Wellbeing issues under the theme of 'enabling adults to live longer and healthier lives'. This survey was conducted as part of HAVCO's wider public survey called 'Investing in our tomorrow'. The responses to the survey can be found at <http://www.haringey.gov.uk/council-and-democracy/have-your-say-haringey/investing-our-tomorrow>. Responses from the workshop and survey informed the draft Health and Wellbeing Strategy.

The draft Health and Wellbeing Strategy was also informed by two other consultation exercises conducted to inform two parallel pieces of work – the Joint Mental Health and Wellbeing Framework, and the Better Care Fund.

#### Joint Mental Health and Wellbeing Framework Consultation:

The Haringey Health and Wellbeing Board conducted a consultation on the draft Joint Mental Health and Wellbeing Framework. The consultation had the following features:

- An online consultation ran for 6 weeks to 25<sup>th</sup> February 2015. There were 20 responses from service users, professionals and the Voluntary and Community Sector.
- Workshops were held with the 4 GP collaboratives of Haringey Clinical Commissioning Group (CCG), and a special session of the CCG cabinet discussed the Framework.
- 9 Focus Groups were held, involving service users and carers. The sessions were facilitated by independent facilitators from the Mental Health Foundation.
- A Joint Children and Young People and Adults Health Scrutiny Panel reviewed the Framework on 18<sup>th</sup> March 2015.

The consultation process concluded at the end of March 2015. Comments received during the consultation were incorporated into the final Framework and delivery plan.

#### Engagement to inform the Better Care Fund Plan:

A programme of public engagement was carried out in order to develop the vision and plan for the Haringey Better Care Fund, the aim of which is to provide joined up, co-ordinated health and social

care services which reduce the need for people to go to hospital. The engagement programme had the following features:

- A public workshop attended by 117 residents, patients/service users and carers. The workshop was held at a local theatre in collaboration with local voluntary and community groups (including Haringey Age UK and Haringey HealthWatch).
- 2 CCG Network events attended by 50 patients and members of the public
- One-to-one semi-structured interviews with 4 service users
- A discussion at the Older People's Partnership Board
- A discussion forum at the Adult Partnership Board

In total almost 200 residents, patients/service users, and carers were consulted.

### 2015 public consultation

Once the draft Health and Wellbeing Strategy was prepared, it was put to public consultation during February and March 2015. Respondents could contribute their views online, via email or through written submissions. In total there were 45 responses. The demographic make-up of respondents is summarised in the table below.

Age		Sex		Ethnicity		Religion	
Under 18	1	Male	4	Black - African	1	Christian	2
26-35	4	Female	11	White/Asian	1	Jewish	1
36-45	1	No information	30	Filipino British	1	Buddhist	1
46-55	3			White British	9	No religion	7
56-65	2			Other White	4	No information	34
66-75	2			No information	29		
75+	1						
No info	31						
Disability		Sexuality					
Yes	1	Heterosexual	13				
No	13	Gay or Lesbian	2				
No info	31	No information	30				

Responses were split quite evenly between local residents, local VCS and professional/public sector organisations.

Type of respondent	
Local resident	16
Local voluntary/community sector	11
Organisation (local business)	12 (1)
Other (Cllr)	6 (2)

### Summary of common themes from the public consultation

The consultation questions were organised according to the three priorities within the draft Health and Wellbeing Strategy and most respondents addressed their responses in the same way. The summary of common themes has therefore been organised according to the three priorities.

Questions 9 to 12 asked respondents how they or their organisations could *support* the achievement of the priorities. In the summary below, the contribution offered by residents is summarised in a separate boxed section for each priority.

### **Priority 1: Reducing obesity**

43 of 45 respondents agreed with this priority except for 2 who were 'not sure'.

The suggested actions to reduce obesity can be categorised as follows:

- Affordable food and fitness

Respondents expressed a desire for more affordable leisure and fitness options, and affordable sources of healthy food. One respondent linked this to the importance of Children's Centres providing healthy meals for children, and Meals on Wheels serving elderly people. Green gyms in parks were a popular suggestion. A local social enterprise dance studio highlighted the value of dance as an alternative form of exercise that appeals to different groups.

- Healthy, safe environment

Another common theme was the view that everyday exercise could be encouraged through improving the quality of the environment. Respondents called for more green space, more attractive and safer neighbourhoods (especially in the east of the borough) that would make people more inclined to walk, safer parks, and the expansion of the Play Streets schemes.

- Education

Many respondents highlighted the importance of educating young people about exercise and diet. A common suggestion was to work with parents and schools to develop education schemes, while others called for youth-designed campaigns. Cooking classes for adults/parents was another common suggestion.

- Fewer takeaways

A common theme was a call to reverse the increase in fast food restaurants in the borough, with one respondent suggesting a ban on takeaways near schools.

- Joined up working

Professional and VCS respondents highlighted the need to integrate anti-obesity measures across a range of agencies, or to tackle obesity as part of a holistic, multiple-needs approach. For example one respondent called for criminal/rehabilitation services to do more to promote healthy lifestyles amongst their users, while another argued that obesity is rooted in mental health and relationship issues and should be tackled through investment in mental health and whole-family services.

Local residents – the suggestions from the public were limited to the affordability, environment and education categories. In terms of contribution, residents said that they were willing to stay informed, speak to other parents, and take part in campaigns.

## **Priority 2: Increasing healthy life expectancy**

41 of 45 respondent agreed with this priority, 2 were 'not sure' and 2 disagreed. No reasons were giving for not agreeing with this priority.

Responses were often very similar to those for priority 1 – reducing obesity. The importance of parents and schools, education, reducing takeaways and creating a healthy, safe environment were common themes. Additional actions to increase healthy life expectancy can be categorised as follows:

- Social isolation

Respondents frequently called for more to be done to tackle social isolation, particularly amongst the elderly, in order to address a root cause of ill-health (particularly in the form of alcoholism). There were specific suggestions around 'Good Neighbour', befriending and Neighbourhood Watch-style schemes. The value of intergenerational projects in tackling loneliness was raised. The risk of isolation faced by people with mental health conditions and the LGBT community was also raised.

- Air quality

A number of respondents called for more to be done to improve air quality – in terms of measuring, drawing attention to, and campaigning to the Mayor of London.

- Alcohol

Two voluntary sector respondents made very detailed cases for tackling alcohol abuse – calling for specialist advice and support, more early screening for risk, diligent licensing and the promotion of alcohol-free entertainment. Other respondents recognised that drug and alcohol abuse was a key factor in reducing life expectancy. Smoking was only mentioned in terms of banning it in parks and hospitals.

- The role of the Council

There were suggestions for promoting the Health and Wellbeing of Haringey staff through 'walk to work' schemes, discounts for gyms and healthy food, and other incentives. One respondent stressed the need to make 'every contact count', with all frontline staff promoting healthy lifestyles to their clients/the public.

- Housing

Housing was a common theme with respondents calling for more social housing, improved quality of social and private rented accommodation and greater efforts to tackle overcrowding.

- Working with specific communities

A number of respondents from the VCS and partner agencies called for bespoke interventions targeted at specific communities. They made the case for commissioning "providers with expertise of working with specific target groups".

Local residents – as well as suggestions around school sports and green space, residents also talked about housing quality and social isolation. One resident made a specific call for improved access to GPs in Tottenham Hale. In terms of contribution, residents said that they were willing raise Health and Wellbeing issues at their community groups/clubs for discussion and awareness raising.

### **Priority 3: Improving mental health and emotional wellbeing**

All 45 respondents agreed with this priority.

There was some overlap with the suggested actions for priorities 1 and 2 – with respondents raising the role of parents and schools, the importance of affordable support (i.e. affordable Mindfulness, Pilates and Yoga sessions), and the need for better access to GPs/Primary Care. Housing was also identified as an important factor, with a couple of respondents calling for more supported accommodation for people with mental health conditions, especially in the east of the borough. Additional actions to improve mental health and wellbeing can be categorised as follows:

- Community participation and empowerment

Many respondents identified the value of community participation, volunteering and sociability for people with mental health conditions. Befriending and peer support schemes were suggested.

Connected to this, a number of respondents spoke about the need to empower mental health service users, involve them in service-design and to build services around individual aspirations. VCS respondents highlighted their organisations' capacity to engage and co-design services with their particular client groups (over 65s, LGBT groups).

- Mental Health training and awareness

A common theme was the need for greater understanding about mental health throughout society and for organisations and businesses to be better equipped to identify mental health issues and support their employees. Awareness campaigns and training programme were called for. One respondent called for Haringey Council to lead by example and ensure that its Occupational Health service is equipped to address mental health issues. Other respondents identified GPs and offender rehabilitation services as requiring greater knowledge around mental health.

- Joined up working

Professional and VCS respondents tended to emphasise that mental health is connected to a range of other factors and therefore requires a holistic approach and joined up working between support organisations. Respondents from an alcohol charity made the case for tackling mental health and substance abuse issues in a joined up way.

Local residents – amongst residents there was a recognition of the importance of community involvement and sociability opportunities, particularly for the over 65s. GP knowledge and access to Primary Care were also raised, as was relationship advice for young people. Residents suggested that their contribution to achieving the mental health objective would (again) be in terms of staying informed and raising mental health issues at their community groups/clubs.

## **Other priorities and additional comments**

9 respondents proposed additional issues for the Health and Wellbeing Strategy to cover.

- Alcohol

One VCS respondent proposed that alcohol be featured as a priority in its own right, arguing that it cuts across the three original priorities.

- The Health and Wellbeing of over 65s

A number of respondents suggested that the health and wellbeing of over 65s be featured as a priority. With so many other respondents included suggestions about social isolation, positive ageing and intergenerational participation in their responses, it might suggest that the wellbeing of older residents is a priority amongst residents. One resident respondent proposed annual checkups for over-70s in their 'additional comments'.

- Green space and air quality

One resident proposed making these environmental issues priorities in their own right.

- Equalities

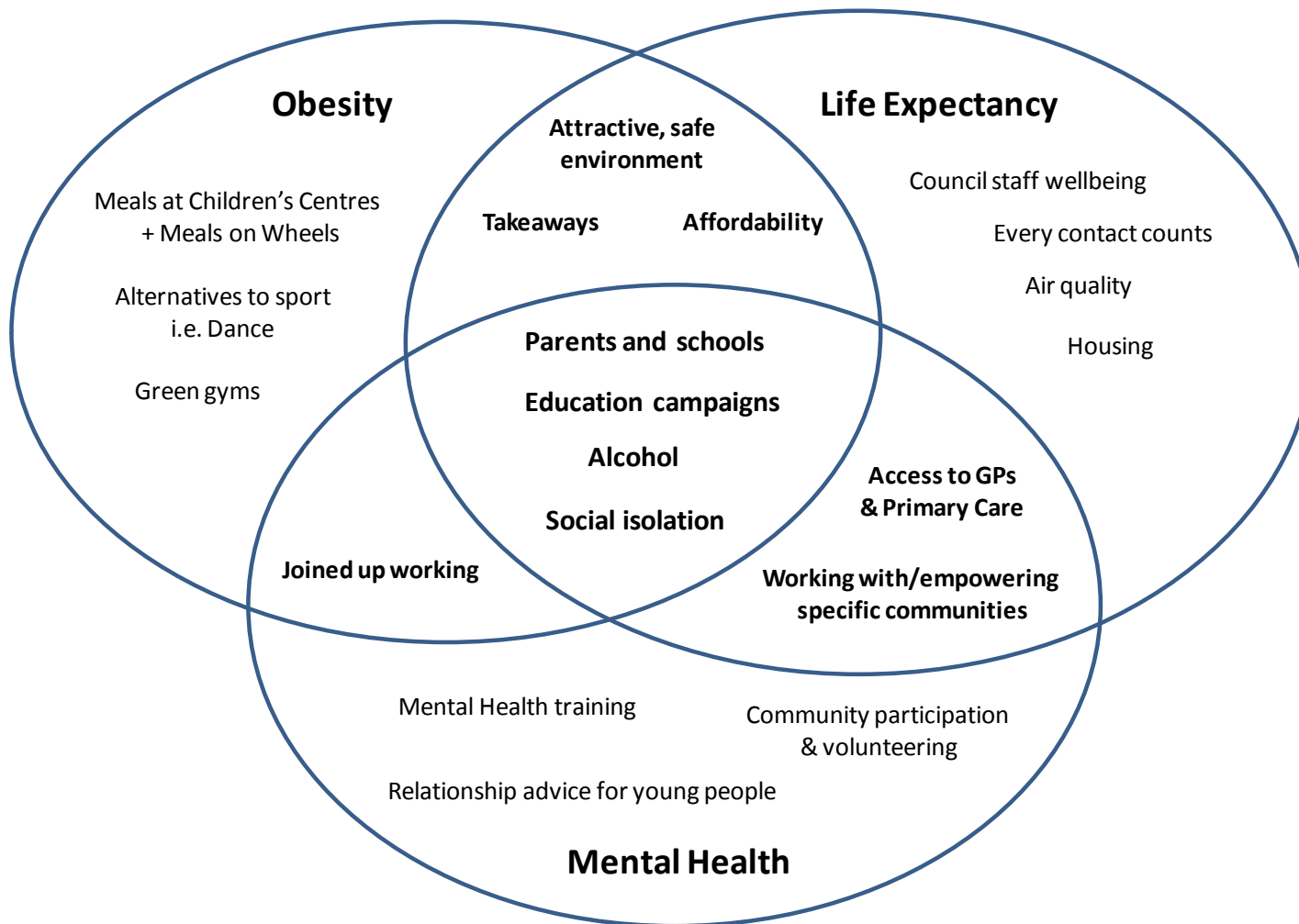
One resident made a detailed case for making anti-discrimination an additional priority of the Health and Wellbeing Strategy. They called for greater access to free and independent legal advice and targeted projects to improve opportunities for disadvantaged groups. A number of respondents raised issues around equalities – mainly calling for the Health and Wellbeing Strategy to explicitly target the specific health needs of particular communities and guarantee input from the targeted communities into the design of these interventions.

- Children and Families

One VCS respondent called for preventative work with young children and their families to be made an explicit priority of the Health and Wellbeing Strategy. One resident respondent called for teenage pregnancy to be prioritised, while other respondents raised other family issues such as domestic violence and child neglect.

## Venn diagram

As a summary of the findings above, the Venn diagram shows the common themes from the consultation responses and where the same issues were raised for more than one priority.



## Conclusions

The following conclusions can be drawn from the public consultation exercise:

- The responses to the 2015 public consultation provide further insights into the views, priorities and proposals of residents, local VCS and partners. They supplement the information gained from the pre-consultation workshops and surveys which continue to inform the development of the Health and Wellbeing Strategy.
- Many respondents believe Health and Wellbeing can be improved through better education and awareness and therefore see an important role for parents and schools. Residents are most likely to see their role in supporting Health and Wellbeing as being to educate themselves and spread messages to those around them.
- Many respondents believe that cost is an issue, and that a healthy lifestyle needs to be more affordable. Consequently respondents tend to believe the quality and safety of the public environment is important because of the opportunities it provides for free exercise.
- There is quite a sophisticated understanding of the links between mental and physical health and the importance of healthy relationships and sociability in improving Health and Wellbeing. Loneliness amongst older people was a commonly raised issue.
- There was widespread recognition that different communities have different health needs, and that Health and Wellbeing professionals should work closely with communities to develop targeted solutions.



## **Glossary**

CCG	Clinical Commissioning Group
HAVCO	Haringey Association of Voluntary and Community Organisations
JSNA	Joint Strategic Needs Assessment
LGBT	Lesbian Gay Bisexual Transgender
VC S	Voluntary and Community Sector