



**Healthwatch Brent**

**Brent Council's joint health and wellbeing Strategy.** Phase two consultation findings

September 2021

# Document Control

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## Summary

In February 2021, for stage one of the consultation into Brent Council's new Joint Health and Wellbeing Strategy, Healthwatch Brent (HWB) engaged with the most vulnerable communities and those most impacted by health inequalities via a digital roadshow and an online survey. The aim was to gather information which would help inform the priorities of the new strategy.

In May 2021, stage two of the consultation was launched. HWB and council officers wanted to understand the opinions of stakeholder and key community groups, focusing on how they felt about the interim emerging priorities uncovered in the stage one consultation. The emerging interim priorities were reworked by the strategy development working group and HWB, and officers re-engaged with community groups, forums, networks and steering groups to determine whether the reworked interim emerging priorities are correct. This paper summarises its key findings.

## Methodology and sample size

HWB and officers ran focus groups to collate views and findings with key audiences, following the focus groups the council circulated an online survey to gather further responses that weren't expressed at the forums, which included internal networks, business, and leisure groups. See fig 1. For the groups engaged with.

Throughout May to September 2021, HWB and council officers engaged with communities and Brent networks to test whether the emerging priorities are correct. Participants who engaged with the focus groups highlighted that they were able to have their voices heard therefore we concluded that participants were able to contribute to the key areas of focus to inform the draft strategy.

As a borough, Brent provides services to one of the most diverse population in London. Stage two of the consultation aimed to reflect this diversity, testing the emerging priorities with the most vulnerable and seldom heard community groups. It was vital for HWB and officers to consider all the protected characteristics in the consultation. As the focus groups targeted key vulnerable groups, individual demographic data was not captured.

The consultation sought to test the following emerging interim priorities:

- › Healthy living (ensuring the healthy choice is the easy choice)
- › Healthy places (creating and developing sustainable communities and places)
- › Staying healthy (ensuring people can practice self-care, and know where and how to get the help they need when they need it)
- › Healthy ways of working (ensuring our workforces and systems recover rapidly post pandemic)
- › Hearing and understanding, and working with the public (ensuring people can influence the design of the services they need or access, and ensuring our data is fit for purpose)

The areas were tested against the following questions:

- Have we interpreted what people told us in stage one correctly? Are these the right areas of focus?
- Do the priorities make sense for you/those you care for/your client groups?
- If they are correct, what can we - services and communities - contribute to these priorities?
- Is there anything else you would like to say?

Figure 1.

Area	Priority target groups
Statutory partners	Council Members Community and Wellbeing Scrutiny Committee Thematic leads Brent Council Senior Management group Health and Wellbeing development working group. Central London Community Healthcare NHS Trust
Partners and stakeholders	Head Teachers network Disability network Cultural and Diversity network Genders Equality network Safeguarding partners Brent Emerging Communities Mutual Aid Groups
Priority Groups	Carers Forum Mental Health Forum Mental Health Champions Multi Faith Forum Youth Parliament Disability Forum Ashford Place older adults and dementia community Brent Health Matters community champions Black Community Action Plan Carer leavers Young Minds Event

## Key findings



**Healthy living: I am able to make the healthy choice and live in a healthy way**

Participants agreed that healthy living is a key priority for Brent residents, and that preventative measures should form a core part of the Joint Health and Wellbeing Strategy. However, they didn't feel that all community groups are enabled to make healthy choices. Poverty and isolation across Brent were two of the biggest factors impacting on people's ability to live in a healthy way.

In order to make healthy living a priority, the residents we spoke to felt they would need support in the following areas:

- › Making educational information about healthy living more accessible
- › Improving the variety and quality of resources available
- › Addressing fundamental barriers to access such as low income and cost of living.

Our consultation found interest and concern in the following key areas:

### Healthy eating

Participants put a strong emphasis on the lack of access to fresh fruit and vegetables across the borough. Barriers to access included low income and cost of living. Many of those consulted felt that addressing these barriers would help Brent communities make informed, healthy choices about their lifestyle.

There was also a strong concern that healthy eating is much harder for disabled individuals. There was a request for the Health and Wellbeing Strategy to consider putting in place additional resources to ensure that people with disabilities are not further disadvantaged - such as clear and accessible information on how to make healthy choices and live in a healthy way.

It was also highlighted that revenue and debt professionals are looking at how people are spending money on food. This information could be used to help address inequalities and drive healthy changes.

### Cultural requirements

With 149 languages spoken across the borough, residents felt that there is a need for more culturally accessible education and awareness sessions on topics such as how to prepare healthy food. This was particularly a focus among younger generations.

### Child safeguarding

Child safeguarding professionals shared concerns around healthy lifestyles for children and young people. This included issues around child obesity, with some parents/caregivers

reluctant to use the Weight Management service for their children, as well as poor dental hygiene for children leading to safeguarding reports from Brent dentists. They suggest that the Health and Wellbeing Strategy could consider how to make these services and educational materials more accessible for parents across Brent, including addressing language barriers.

### Access to information and engagement

Those involved in the consultation stressed the importance of making core services and information equally accessible to all Brent residents. Community and voluntary partners can support this by ensuring that Brent residents know what services are available and how to access them.

Community groups also felt that there is a need to change people's behaviour by strengthening engagement and building trust between statutory partners, community and voluntary sector groups and residents. They believed that this would support people in understanding how to manage their health conditions and know what the wider factors are that can impact their health.



**Healthy places: Near me there are safe, clean places I can go to exercise for free, meet with like-minded people, and where I have the opportunity to grow my own food**

Brent residents disagreed with the statement that: 'near me there are safe, clean places I can go to exercise for free, and where I can grow my own food'. However, they did agree that developing these types of spaces is an important aspect of health and wellbeing and should be a priority when developing the strategy.

Overall, participants emphasised a range of different ways in which access to healthy spaces could be improved:

- ▶ More opportunities for Brent residents to be involved with town planning
- ▶ A commitment to make existing spaces tidier, safer and more modern
- ▶ Investment into ensuring that play parks are safe and well-equipped for young people
- ▶ Better facilities such as public toilets, and more accessible facilities for disabled people
- ▶ Investment into alternatives for people who are unable to access green spaces, for instance due to lack of mobility

Responses covered the following key areas:

### Growing fruit and vegetables/community gardening

Currently there is not equal access to suitable outdoor areas for exercising and growing fruit and vegetables, and this is in high demand. Residents expressed concern about the

lack of green space for allotments due to the housing demand and areas being redeveloped into flats. Participants would like to see more collaborative working, giving them opportunities to contribute to town planning and influence what is available on the high street, i.e. reducing the number of unhealthy fast-food outlets.

Housing networks echoed the view that more community gardening spaces are needed. Solutions could include incorporating a community garden with space for growing food in every new build programme of a certain size, helping to address the current inequalities.

### **Access to green spaces - facilities, cleanliness and safety**

Health professional involved in the consultation have emphasised the importance of outdoor spaces and natural features such as woodlands and running water for improving mental health. However many residents expressed their current difficulties in accessing these spaces. Concerns included the lack of access to public toilets and changing areas, a lack of accessible toilets and facilities for disabled people, a lack of clean and safe transport, and a lack of street lighting. Together, these factors led to many participants feeling that they are currently unable to access green spaces.

It was also highlight that Spatial planning professionals are considering the possibility of better integrating natural features such as water features into future planning, drawing on evidence from mental health experts.

### **Access to activities and social groups**

Many of the older residents expressed that they would not consider visiting local green spaces, partly due to mobility issues and partly due to concerns around safety. For them, community hubs such as Ashford Place provide their 'healthy space', where they are able to take part in exercise and connect with members of their community. However concern around funding to these services being cut and uncertainty around the future can lead to stress and worry. Older residents would like access to more facilitated activities to take them out into healthy places, such as exercise sessions and walks.

Care leavers stressed that there are a lack of opportunities for young people in the borough, they shared that they would like to be able to connect with friends in safe environments, be more active, and more spaces where they can learn and create.



**Staying healthy: People understand how to keep themselves physically and mentally healthy. They are able to manage their health conditions using self-care first and have access to good medical care when needed**

Overall, residents shared the view that self-management and self-care is a fundamental part of managing their wellbeing. However, many also felt that their efforts to look after their own health conditions are frustrated by a lack of accessible information and support.

The majority of participants felt that they/their communities needed support in the following areas:

- More/better information about how to keep themselves physically and mentally healthy
- Initiatives to address fundamental barriers to access for individuals from the most deprived communities
- More engagement with those experiencing particular health conditions
- Better access to services such as GPs and mental health services
- Better quality, more accessible information shared by health professionals to help them manage their conditions
- Prioritisation of early intervention as well as crisis intervention

Key themes raised by those consulted with were as follows:

### **Long term health conditions**

Participants would like to be able to self-manage their health conditions more effectively. In order to do this, they suggested that more focus is needed on raising awareness and engaging/educating people about their conditions. This was particularly important for those residents who suffer from Long Term Health Conditions (LTHC). For instance, participants highlighted a need for more effective signposting so that they could understand which services to access when. There is a need to engage people who have not previously engaged with health services before, and this should be achieved through driven community engagement.

In general, participants felt that there is not enough support for patients diagnosed with a LTHC. This included a lack of information about self-help strategies/management of their conditions, and not enough education about associated risks.

They would like to be more involved with managing their own health and well-being on a day-to-day basis, but in order for that to happen the information shared by healthcare professionals needs to be more accessible and of a higher quality. For instance, more information about risk factors and health management for Type 1 and Type 2 Diabetes. Community groups also expressed that healthcare professionals need to demonstrate a strong understanding of the specific illnesses affecting minority communities, such as sickle cell disease.

### **Young people's services**

Young people involved in the consultation stated that young people's services need to be a higher priority in Brent, particularly child and adolescent mental health services. Young people felt strongly that self-management approaches are crucial for helping them to develop their skills, knowledge and confidence in health and wellbeing. This might include mental health peer support or self-management education. They believed that more support to develop these skills, and more tools to help them with self-management, could lead to reductions in young people presenting themselves in crisis and fewer admissions to hospital.



Young carer participants expressed that mental health, physical and emotional wellbeing and medical needs must be a priority for this client group. Specialist services for certain client groups must be developed as young people are experiencing an increasing wait to access services.

Care leavers felt that there needs to be an emphasis on encouraging people to be active, they stated that the cost of gym memberships are not feasible for young people and felt they were not able to access the free outdoor gyms in parks due to safety.

### **Mental health**

Participants across all age groups expressed a need for improved access to mental health services, and shared the view that many of the existing services are only available to those currently in crisis. We also heard that services were often only accessible to those who understood how to navigate the system, while others with less knowledge would struggle to get the care they needed.

### **Disabilities**

Healthwatch Brent reached out to the learning disability community. Participants from this group had less clarity about how cancer screening and self-checks are performed. This often leads to patients choosing not to attend appointments or self-examine. They also stated that easy read information and related medical letters (invitations, results letters) about cancer and screening were not readily available, and it was highlighted that there is a lack of reasonable adjustments for people with a learning disability before and during cancer screening appointments.

Disabled participants highlighted that, in order for people with a disability to self-manage their health and wellbeing, there is a need for non-statutory advocacy. They felt strongly that the changes to NHS services, and current lack of access to GP services, will only increase the demand for advocacy services. Having access to high quality independent advocacy was found to give people with high support needs more choice and control over their care.

Participants found that cuts to advocacy services have resulted in the disabled community needing crisis intervention rather than early intervention. The potential impacts of reduced advocacy services will include disempowerment, debt and homelessness, deterioration in mental health and fewer opportunities for gaining skills.

Disabled participants expressed that there is a limited availability of accessible services which includes physical barriers and inadequate skills and knowledge of health professionals.

### **Accessing services**

Participants stressed that information on how to access health services must be provided in an accessible format, with information tailored to meet peoples' needs. Services must be accessible and language barriers should be reduced by providing information to residents in accessible formats, ensuring there is equal access to services for people who

speak English as a second language or making information available in easy read formats. Participants expressed concern around the digitalisation of services and not having access to digital technology will result in residents not being able to access services.

Older adults shared the concern that there was often not enough information given either about how to access services, or about how to manage their health on an ongoing basis. Information about how to use equipment such as inhalers may be given once, in a rushed manner, with no follow up to ensure that the individual felt confident managing their own care and no reasonable adjustment made to ensure the information was accessible.

They also expressed issues with digital systems used to book appointments or manage care. Several people we spoke to felt that although they had the digital skills required to access these, the systems themselves were often broken or not able to manage their requests. We also heard from a professional working with single men over the age of 50. For this group, digital access is often not available, which means they are excluded from services such as online appointments and given less attention from health professionals as a result. Some GP practices have also requested an e-consultation as a condition of registration, effectively denying access to those without digital skills or equipment.

Professionals that we met with felt that there was a discrepancy between the information shared with their patients/service users, and the information that they would receive as professionals. This meant that patients and service users would become reliant on the support of a professional, even for simple requests that they would prefer to manage themselves. For instance, there were reports of individuals struggling to get the evidence required for benefits claims unless a professional contacted the GP on their behalf. Delays in information being provided by GPs could cause benefits to be delayed, leading to stress and distress with a negative impact on overall health and wellbeing.

There was also a suggestion that more education is needed about the different options residents have for managing their care - for instance, community pharmacists. The older residents we spoke to had very good experiences with their local pharmacies, but that they were not aware of the different services that pharmacists now offer.



**Hearing, understanding, and working with the public: I can have my say and contribute to the way services are run; Data are good quality and give a good picture of health inequalities**

Participants expressed that it is essential health and care organisations and people who work in health listen to people with lived experience or people who use services. There is an appetite for members of the community to be more involved with planning how services are run. To do this, participants would like to see:

- › More opportunities to work together as a system to design and deliver health and care, ensuring it is meeting the demand of Brent residents
- › A commitment across the system to adapt to new ways of working more collaboratively
- › More focus on the experiences of marginalised groups within Brent

Key themes expressed through the consultation were as follows:

### The needs of the community

Groups involved in the consultation stated that the strategy needs to be driven by people's real needs and experiences to drive meaningful change. This would mean systems shifting their focus onto what matters to the public, and particularly to those communities that are disproportionately effected and marginalised when accessing services. Community groups felt that this could be achieved by working in partnership with communities, listening to their needs and experiences, and building individual packages of care around each person's needs.

### Influencing decision makers

In order to meet the needs of everyone who lives in Brent, participants felt that our systems need to ensure that decision makers understand the health issues which affect different groups. They also wanted assurance that providers are committed to reducing health inequalities and are addressing the needs of people who have been disproportionately effected by the pandemic due to disability, ethnicity and deprivation. Participants expressed that we need to eliminate discrimination and advance equality.



**Healthy systems: The workforce will be healthy and happy; and the health and wellbeing system will recover quickly**

Those involved with the consultation agreed that healthy ways of working should be a priority in developing the new health and wellbeing strategy. In particular, they wanted to see:

- › Better support for mutual aid, community and voluntary groups who are seen to be providing vital services. This may include more funding as well as a more joined up way of working
- › Development of positive health initiatives such as Brent Health Matters
- › The involvement of community members in the development of these initiatives

Key themes covered included:

### Investment into the community and voluntary sector

Throughout the consultation we found a strong emphasis that, in order for key decision makers to address health inequalities and improve health outcomes for vulnerable or

deprived communities, the health system needs to be more joined up with a consistent offer.

Participants expressed that the health system needs to listen and understand different communities at a local level. They also saw a need for an increase in grants available for mutual aid groups, community and the voluntary sector. These groups continue to provide much needed services, information, and advice where the NHS and care providers cannot. For the community and voluntary sector to continue to be innovative and adapt quickly in order to maintain their services and meet the increased demand to serve their communities.

Professionals that we spoke to described a frustration with a lack of joined up working. For instance, GPs and social prescribers may refer patients to a service within the community without setting realistic expectations about what that service is able to provide. They found that in many cases they would not be informed that the patients had been referred to them, and the patients may have been referred for activities or services that are not available.

### **Development of health initiatives**

Participants shared that the initiatives which were developed in response to the pandemic such as Brent Health Matters have been successful in what they have achieved so far.

Volunteering has been a key aspect in responding to the pandemic, participants felt strongly that there is an increased demand for community action. They also agreed that the strategy should encompass and develop further initiatives, and that there needs to be a local offer for mutual aid groups to continue the work that was initiated from the pandemic. Participants expressed that it's crucial for communities to understand and support other communities with specific issues.

### **Understanding of diverse social and cultural needs**

In order to achieve successful health outcomes for Brent's diverse population, it's crucial that the health care system improves the ability of health care providers to effectively communicate and care for patients with diverse social and cultural backgrounds.

The health care system needs to address language barriers, cultural barriers, and the low health literacy of Brent's population. To effectively engage and raise awareness of health issues providers need to ensure they are using effective communication strategies to reach diverse community groups. Participants stressed that there must be a flexible engagement approach.

## **Conclusion**

Healthwatch Brent will work with Brent Council and partners to ensure that the needs of Brent residents are reflected in the development of the joint Health and Wellbeing Strategy. We will provide an extensive ongoing opportunity to ensure Brent residents, and other networks and the community and voluntary sector are engaged and consulted in Stage three of the consultation. Stage three of the consultation will further seek the views

and thoughts of Brent residents and community groups to gather their responses on the draft Health and Wellbeing Strategy to inform its final stage of preparation.

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## About Healthwatch

Healthwatch Brent is part of a national network led by Healthwatch England, which was established through the Health and Social Care Act in 2012, to give service users of health and social care services a powerful voice both locally and nationally. We are the independent voice for people's views on Brent services, both good and bad. We listen to local people and feedback patient experience and liaise with local commissioners and decision makers, to improve services.