

Report on

**Barnet Health and Well-Being Board /
Partnership Boards
Autumn Catch-Up**

Held on 5 November 2013



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1. Introduction and Aims of the Autumn Catch-Up

The Autumn Catch-Up brings together the Health and Well-Being Board, five Adult Social Care and Health Partnership Boards and representatives of children's services and interests. It is an informal networking event focusing on:

- presenting Partnership Boards' achievements in supporting the Barnet Health and Wellbeing Strategy;
- exploring key themes that are relevant across all Partnership Boards and feeding into relevant work areas.

The Autumn Catch-Up complements the more formal Health and Well-Being Board / Partnership Boards Summit held in the spring of each year.

In total 100 people participated in the Autumn Catch-Up on 5 November 2013. This included:

- Chairman of the Health and Well-Being Board who is also Cabinet Member for Public Health
- Members of the Health and Well-Being Board including the Director of Public Health.
- Cabinet Member for Safety and Resident Engagement who is also Chairman of the Barnet Safer Communities Partnership Board
- Chairman and Vice-Chairman of the Health Overview and Scrutiny Committee
- Chief Executive of Barnet Council
- Members of five Partnership Boards:
 - Carers Strategy Partnership Board
 - Learning Disability Partnership Board
 - Mental Health Partnership Board
 - Older Adults Partnership Board
 - Physical and Sensory Impairment Partnership Board
- Representatives of Children's Services and children's interest groups
- Further representatives of the Barnet Clinical Commissioning Group, Barnet Council Adults and Communities, Public Health, Healthwatch Barnet and other stakeholder organisations
- Members of the Health and Social Care Joint Commissioning Unit and the Adults and Communities Communication and Engagement Team.

The Autumn Catch-Up was run as a fully accessible and inclusive event so that all participants could be involved. Communication was supported through 'traffic light'

communication cards, easy read format information, British Sign Language interpretation, and assistive technology including a hearing loop.

Throughout the event, participants worked in mixed groups, made up of members of different Boards and other stakeholders. This ensured that different perspectives were brought to workshop discussions and allowed opportunities for networking across Boards.

2. Next Steps - moving forward from the Autumn Catch-Up

The information generated from the Autumn Catch-Up will be used in several ways.

Public Health will use the information generated through the **Joint Strategic Needs Assessment workshop** to:

- refresh the six needs assessments discussed by participants;
- through these refreshed assessments, help the local authority and health services improve health and well-being and tackle health inequalities.

Public Health will use information generated through the **Mapping of Community Assets**

- to start a process of 'asset mapping';
- to talk to groups that are harder to reach;
- in Public Health strategies and plans.

Public Health will use information generated through the workshop on **addressing barriers to Physical Activities** to help meet its commitments to:

- increase the number of adults participating in physical activity in Barnet;
- increase cycling in the Borough;
- reduce the proportion of overweight and obese children in the Borough.

The Partnership Boards will use information generated throughout the event to inform their continued activity to **support the Barnet Health and Wellbeing Strategy**, completing their workplans in line with the strategy's themes.

3. Autumn Catch-Up Programme

Tuesday 5 November 2013, Conference Rooms, Building 2, NLBP

9.30am		Registration and refreshments
10am		Introduction Kate Kennally, Director of People How to use communication cards Richard Harris, Speaking Up Subgroup Chair
10.05am		Welcome Councillor Helena Hart Cabinet Member for Public Health
10.10am		Few words from Barnet Council Chief Executive Andrew Travers
10.15am		Update from Partnership Boards Partnership Board Co-chairs
10.45am		Workshop Session 1: Joint Strategic Needs Assessment Carole Furlong, Public Health
11.30am		Break Including “Mapping Exercise” and an opportunity for Networking
11.50pm		Workshop Session 2: Barriers to physical activity Rachel Wells, Public Health
12.20pm		Round up Kate Kennally, Director of People
12.30pm		Lunch and networking

4. Introduction and Welcome

Kate Kennally, Director for People, Barnet Council

Kate introduced the event and thanked everyone for attending. Richard Harris, Chair of the Learning Disability Partnership Board Speaking Up Subgroup, showed participants how to use the 'Traffic Light' Communication cards. Kate invited Councillor Helena Hart to open the Autumn Catch-Up.

Councillor Helena Hart, Chairman of the Health and Well-Being Board and Cabinet Member for Public Health

Councillor Hart warmly welcomed participants, and was particularly pleased to welcome representatives from children's services and from the Public Health team.

Cllr Hart said that she was delighted for everybody to come together again to tackle some of the big health and wellbeing issues in partnership. She had been encouraged by the detailed action plan that was drawn up following the May summit and welcomed the opportunity to hear from Partnership Boards about their progress with this. She also welcomed the initiation of the Partnership Board co-chairs meetings to discuss cross-cutting issues.

Councillor Hart outlined Health and Well-Being Board progress since May, mentioning that:

- NHS England is now a formal member of the Health and Well-Being Board. The Board has been working with NHS England to resolve issues that have arisen, for example the work to re-instate the breast screening facility at Finchley Memorial Hospital after it was temporarily removed.
- The Board has been supporting the work of the Health and Well-Being Financial Planning Group to develop integrated care in the Borough. This is focusing on improving services for frail elderly residents and those with long-term conditions. Integrated services are already in place for mental health and learning disabilities.
- The Board invited the Mental Health and Learning Disability co-chairs to its September meeting to discuss the Barnet, Enfield and Haringey mental health strategy, and progress on meeting the Winterbourne View concordat. The co-chairs added valuable insights to these discussions and focused the discussion firmly on the needs of the people. The Board will continue to invite co-chairs of Partnership Boards along to join discussions when items of relevance are being discussed.
- The Board has been developing the first annual performance report of the Health and Wellbeing Strategy. The report will be discussed with each Partnership Board over the next few months.

Councillor Hart said that she looked forward to a productive event and:

- welcomed the Public Health team's interest in hearing what Partnership Boards had to say about the refresh of the Joint Strategic Needs Assessment.
- recognised that the workshop looking at barriers to physical activity in Barnet would focus on a particularly important issue which affects Barnet's vulnerable residents and is a central challenge for the Borough.

Councillor Hart encouraged everyone to share their views freely and make the most of the opportunity to network and meet others who care passionately about health and wellbeing.

Andrew Travers, Barnet Council Chief Executive

Andrew stated that, since becoming a statutory body in April, the Health and Well-being Board has become the strategic leader for health and wellbeing in the Borough and that the strong commitment from Board members across the local authority, the NHS and Healthwatch is already paying off, with local partnerships being stronger than ever.

Andrew commented on how important partnership working is to Barnet as we grapple with changing financial and demographic challenges. He saw it as encouraging that:

- Public Health has joined the local authority and the team is helping to ensure that the council can think about health and wellbeing in all that it does.
- The Clinical Commissioning Group and the local authority are thinking collectively about how to support elderly residents in the Borough through the development of integrated care proposals, and are working closely in Joint Commissioning teams to make co-ordinated care for residents a reality.
- The Health and Well-Being Board and the Partnership Boards are working together really positively to tackle some of the biggest public health challenges facing the Borough. Insights from Partnership Boards, who work so closely with the most vulnerable groups in Barnet, are critical to ensure that we get service planning right for the people we serve.

Andrew acknowledged that, whilst these gains are being made, there are a number of strategic challenges facing the Borough, and we need to continue to work closely together to protect the health and wellbeing of Barnet's population, for example:

- As the number of elderly residents in the Borough continues to grow, it is important that we have the services in place across partners to support these people in a joined up and holistic way. Working with hospitals, community and voluntary groups, public health, the Clinical Commissioning Group and adult social services to

support vulnerable elderly people from entering into hospital unnecessarily and getting them out of hospital as efficiently as possible, will be one of the biggest priorities we face as a Borough over the coming year.

- Supporting people to be more active is also a challenge for the Borough. We need to improve local rates of childhood and adult obesity, and improving the physical activity levels in the Borough will be central to achieving this. It is incredibly encouraging and timely that the Director of Public Health's annual report focuses on physical activity in the Borough.

5. Update from Partnership Boards

Partnership Board Co-Chairs gave a presentation on how our five Partnership Boards have helped us to **achieve the aims** of the Barnet Health and Wellbeing Strategy since the Summit in May 2013.

The presentation covered the strategy's aims of **keeping well** and **keeping independent** and was given by:

Peter Cragg and Jon Dickinson, Older Adults Partnership Board
Alison Asafu-Adjaye and Andrew Cox, Physical and Sensory Impairment Partnership Board.

The Co-Chairs reported Partnership Board **achievements** under three of the Health and Wellbeing **strategy's themes**:

Theme two: Well-being in the community

Theme three: How we live

Theme four: Care when needed

Achievements were reported as follows:

Theme Two: Wellbeing in the community

- The **Mental Health Partnership Board** helped to develop the Mental Health Commissioning Strategy 2013-15 for Barnet, Enfield and Haringey.
- **The Mental Health Partnership Board** was successful in getting more time for people to give their views on **Barnet Enfield and Haringey Carers Experience Strategy**.
- 800 people went to the **World Mental Health Day** events in Barnet in October. Lots of information was given about good mental health and services to support people.
- Using the '**Making it Real**' template, the Carers Strategy Partnership Board put together their action plans for 2014-16.
- The Learning Disability Partnership Board gave presentations to carers about the benefits of **people with learning disabilities working and having training**.
- **10 new flats with support at Speedwell Court** are now available for people in Barnet with Asperger's.
- The Learning Disability Partnership Board has set up a group to find out how the Board can talk to people with **complex needs and profound and multiple learning disabilities**.

- The Physical and Sensory Impairment Partnership Board has given views about **leisure facilities in parks** such as **outdoor gyms** (also applies to theme 3).
- The **Physical and Sensory Impairment Partnership Board** has given their views on the Ageing Well Programme (also applies to theme 3).
- **Physical and Sensory Impairment Partnership Board** has a new co-chair who has experience of supporting people with sensory impairments and has a role with Healthwatch Barnet (also applies to theme 3 and 4).
- Physical and Sensory Impairment Partnership Board has **reviewed its membership** and recognised that more members with physical impairments are needed (also applies to theme 3).
- The **Older Adults Partnership Board** has listened to **residents 'stories'** and is helping to make services better:
 - delays in surgery at Barnet Hospital
 - availability of hearing aid batteries (also applies to theme 4)
- The **Older Adults Partnership Board** has been a '**critical friend**' in relation to the developing and delivering health and social care services (also applies to theme 4).

Theme Three: How we live

- The Mental Health Partnership Board had a workshop to help develop mental health **Wellbeing Services** and **Increasing Access to Psychological Therapies**.
- The Learning Disability Partnership Board has set up workshops for family carers and paid carers on **Health Action Planning**.
- Monthly '**Health 4 All**' sessions have been set up for adults with a learning disability - 30 people attended the first session.
- 200 people with learning disabilities and professionals and family carers attended the **Happy Healthy Fun Day** in September 2013. 47 health checks were completed.
- The Physical and Sensory Impairment Partnership Board has worked with **Barnet Vision Strategy Group** about preventing ill health and supporting people (also relates to theme 2 & 4).
- The Older Adults Partnership Board has been actively involved in the **Barnet Ageing Well Programme** (also applies to theme 2).

- The Older Adults Partnership Board have been overseeing the work on **Neighbourhood Services** (also applies to theme 2).
- They have also been **working with Public Health** on Ageing Well and Neighbourhood work.
- Four Partnership Boards contributed to the '**Your Life**' **Newsletter**.
- The **Older Adults Partnership Board** gave feedback to various groups including Barnet Centre for Independent Living (BCIL), Trading Times, Energise Barnet and Advocacy in Barnet.

Theme Four: Care when needed

- The Mental Health Partnership Board found that some people find it hard to get mental health services. The **Mental Health Trust** will have **new urgent care services** in November.
- The Mental Health Partnership Board now includes the needs of **over 65's with mental health problems**.
- The new **Carers' emergency planning service** went live in June. So far, 35 new carers' emergency plans have been received.
- Children's and Adults services worked together to produce a set of instructions on **how to work with young carers**. Staff are being trained.
- **Safeguarding for carers** is included in Safeguarding Board action plan.
- Your Choice Barnet are leading a project working with local businesses to help adults with learning disabilities feel safe when they are out and about in the community. This is the **Safe Places Project**.
- A **Healthwatch Barnet** member is now part of all Partnership Boards.
- The '**How Are We Doing?**' **Event** in October 2013 went really well. It allowed service users & carers to give feedback on health & social care services in Barnet.
- The Physical and Sensory Impairment Partnership Board is helping with the new **Stroke Care Pathway**.
- The Physical and Sensory Impairment Partnership Board worked with the Jewish Deaf Association on the **Hearing Impairment Surgery Pilot**. This work went really well and will continue.

- **Healthwatch Barnet** has agreed to issue draft guidance from the Physical and Sensory Impairment Partnership Board on **how people with disabilities can access GP surgeries**.
- The **Sign Language Interpretation Service** within Adults and Communities was looked at by the Board. A number of sign language interpreters are available.
- The Physical and Sensory Impairment Partnership Board has looked at ways to increase the number of referrals to **Barnet Centre for Independent Living** for information and advice.
- The Physical and Sensory Impairment Partnership Board gave feedback to the **Clinical Commissioning Group consultation on equality**.
- All Partnership Boards have given members the chance to give their views on planned **changes to funding for social care**.
- The Older Adults Partnership Board has been helping shape the **frail elderly pathway work** focusing mainly on **falls, stroke and dementia**.

Additionally, to help with all themes of the Health and Wellbeing Strategy:

- **Clinical Commissioning Group** and **Healthwatch Barnet** members now go to Partnership Board meetings.
- All **Partnership Boards** are working closely with Public Health.

6. Workshop Session 1 – Joint Strategic Needs Assessment

Carole Furlong, Consultant in Public Health, gave a presentation on Public Health's work to refresh the Barnet Joint Strategic Needs Assessment (JSNA). Carole made the following points:

- A wide range of briefings and reports fall under the JSNA umbrella:
 - Public Health Outcomes Framework Indicator briefings
 - Determinants Briefings e.g. impact of poverty on health outcomes
 - Annual Public Health Report - thematic report this year on physical activity
 - Needs Assessments - detailed assessment of need on a specific topic
 - Themed updates - a series of short summary reports
- As part of the JSNA refresh, Public Health is developing a number of needs assessments. Current topics for these reports are:
 - Maternal and infant health
 - Children's health
 - Mental health & wellbeing
 - Dementia
 - Coronary heart disease (CHD) and stroke
 - Diabetes
- Each needs assessment report includes:
 - Key messages
 - Local maps and other data
 - a spine chart comparing Barnet data for different indicators with data for London and England
 - Spine chart data sources and links to further information
 - Summary of the data
 - Summary of current strategies
 - Stakeholder views

- Suggestions for future reports are:
 - Cancer & Screening
 - Autism
 - TB
 - Older People
 - Sensory Disability.

Participants worked in 12 groups, each of which discussed two draft needs assessment reports. Participants chose to join a discussion group relating to their particular interests.

Groups were organised as follows:

Theme (draft needs assessment reports discussed)	Number of discussion groups
Maternity and Infant Health and Children and Young People	3
Mental Health and Wellbeing and Dementia	6
Healthy Lifestyle: with a focus will on Cardio Vascular Disease (heart attack and stroke) and Diabetes	3

Each group considered three questions:

1. What information is not in the report that you would like to see in there?
2. What are the services like for the topic on your table?
3. What would you like to see done differently?

The output of the workshop discussion is set out in Appendix 1.

7. Mapping Exercise

Carole Furlong, Consultant in Public Health, gave a presentation explaining that we:

- focus a lot on what we have not got, what we need and what we want;
- need to balance this with what we have and what we can do.

Participants were asked to mark on maps of Barnet around the room:

- **venues and groups that meet in the Borough;**
- **places in Barnet that feel unsafe and ideas on how to make these places safer.**

Participants provided very useful information, identifying across 14 different wards:

- 36 groups and venues that meet in the Borough;
- 6 places where people feel unsafe in Barnet.

Public health **will use this information:**

- to start a process of 'asset mapping'
- to talk to groups that are harder to reach;
- in Public Health strategies and plans.

8. Workshop Session 2 – Barriers to Physical Activity

Rachel Wells, Consultant in Public Health, gave a presentation on the barriers to physical activity and how to overcome these. Rachel made the following points:

The health benefits of physical activity:

- Physical activity protects against a wide variety of conditions including:
 - coronary heart disease
 - stroke
 - type 2 diabetes
 - cancer
 - obesity
 - mental health problems and
 - musculoskeletal conditions
- The health benefits are greatest when an inactive person becomes even moderately active.

Physical activity levels in Barnet:

- Participation is particularly low in:
 - the over 55s
 - those with a life limiting illness or disability
 - minority ethnic groups
 - lower socio-economic groups
 - women
- Active travel – walking and cycling rates are below the London average
- Use of outdoor spaces are below average.

Public Health has made these commitments:

- To increase the number of adults participating in physical activity by 3% by 2015
- To increase cycling from the current 1% of trips to 4.3% of trips by 2026
- To reduce the proportion of overweight and obese children age 4 to 5 from baseline of 21.9% to 20.5% by 2015/16
- To reduce the proportion of overweight and obese children age 10 to 11 from 33.9% to 33.0% by 2015/16.

Public Health is making these investments:

- A 'Fit and Active' Barnet community wide information campaign
- Marked to measure routes
- Outdoor gyms in parks
- Expansion of walking programmes
- Seed funding for physical activity start up
- A programme to support sports and physical activity in schools across Barnet.

Public Health has completed a sports and physical activity review, looking at:

- how the Council can improve the rates of participation in sport and physical activity for local residents
- understanding what role the Council and other partners should play in the future provision of these services
- what is needed to support public health and wellbeing in Barnet, and evidence to inform a new strategy for sport and physical activity in Barnet
- all sport and physical activity opportunities extending far beyond the future of leisure centres in Barnet.

The five barriers that stopped residents taking part in physical activity are:

- cost
- time
- the quality of facilities
- accessibility and availability
- information of what is available.

Participants worked in 12 groups to discuss the question: How we can overcome these barriers to physical activity? Each group focused on one of the identified barriers to physical activity. The output of the workshop discussion is set out in Appendix 2.

9. Round-up of the Event

Kate Kennally thanked participants for spending their time at the Autumn Catch-Up, all those involved in organising and running the event, and service users and carer members of Partnership Boards for volunteering. Kate emphasised that learning from the Autumn Catch-Up workshops and mapping exercise would be used to inform work. In closing the event, Kate expressed how she was looking forward to seeing people again at the next Summit, which will be in spring 2014.

10. Participant Evaluation of the Autumn Catch-Up

61 participants completed feedback forms, giving their views on the event. Feedback will be taken into account in planning future events.

Summary of Main Points

Overall, there was very positive feedback. Key points are:

Of the 61 participants completing feedback forms:

- 49 participants thought the event was very good or fairly good. 11 thought it was average.
- 47 participants rated the clarity of presentations as very good or fairly good. 12 rated this as average.
- The workshops and networking were identified as the most useful part of the event.
- Some participants found the Partnership Boards presentation long and disjointed.
- Suggestions on how to make the Autumn Catch-Up better include having more time for workshops and more interaction.
- Further comments included reference to:
 - the day being well organised
 - the need for greater involvement of children's services.

Detailed Responses

1. Rating of different aspects of the event

	Very Good 	Fairly Good 	Average 	Fairly Poor 	Very Poor 
How well were you able to say what you wanted at the day?	25	28	6	2	
Was the information clear in the packs?	25	31	5		
Were the presentations clear?	14	33	12	2	
Did you find the workshops useful?	28	20	11	2	
How good was the venue?	39	19	2	1	
How good was the day?	24	25	11		1

2. Which part of the day was most useful to you?

- Workshop discussions (23)
- Networking (17)
- Presentations – information updates (5)
- Opportunity to listen to different experiences/views (4)
- All in different ways – good mix of people from many organisations (2)
- Partnership catch-up (2)
- Mental health talks
- It was all useful but children/young people and their families did not have equal representation
- Pre-meeting for people with LD to understand the information
- Mapping exercise
- Highlight sport/physical activity as a cross-cutting issue for all
- Discussion on sport and physical activity
- Useful having information pack in advance

3. Which part of the day was least useful to you?

- Presentations from Partnership Boards too long and disjointed (10)
- All useful (4)
- Talks at beginning unnecessary – too much jargon (3)
- Discussions in workshops – tick box exercise! (2)
- JSNA reports (2)
- The workshop on physical activities
- Not enough people from children's services and schools
- Mental Health was the main focus – not relevant to LD services or service users
- Biscuits and chocolate!! Should have healthy snacks like fruit
- Not quite sure what the coloured cards were for other than a photo opportunity!

4. How could we make the Autumn Catch-Up better?

- More time for workshops (11)
- Shorter presentations (3)
- The sound was not good – better microphones (3)
- Feedback from each Partnership Board separately (2)
- Too much presenting at the beginning – need more discussion/interaction
- Less on corporate information and more on work on the ground
- Format appeared 'random' and disconnected (JSNA/physical exercises)
- Time to focus on how to overcome cross-cutting issues
- Smaller group discussions (2)
- More active involvement (2)
- More information exchange
- More meaningful engagement
- Encapsulating people's visions by engaging them in active participation
- Different venue (2)
- Venue difficult to get to without a car
- Run the event in a local health centre
- More information on mental health
- More information on local services

- Where was the input for carers?
- Clearer information and more time
- Arrange similar events on a regular basis
- Regular catch-ups and invite care home managers
- More creative ways of illustrating good practice e.g. videos
- Reduce the paperwork
- Documents in easy read and larger print
- Give guidelines to speakers about accessibility e.g. talking speed, jargon and not using complex language
- What changes have been made since last Summit and has it made a difference? (2)

5. Is there anything else you would like to say?

Positive messages

- Very well organised (4)
- Very useful
- Enjoyed the day – good planning!
- Good idea to print out our own parking permit, impressive turnout, well organised
- Very useful – look forward to outcomes from the day
- Pleased with increasing representation – would like overall budget updates
- Brilliant attendance from various statutory and voluntary services
- Having wide representation lends itself to generate many ideas which is a good thing
- It wasn't focussed too much on 'challenges' and good balance between this and finding solutions
- General equality awareness in the development of the plans
- Great to see increasing focus on health and social care integration
- Barnet is a great place to work. Let's make the best of what we have!

Development points

- Acoustics were poor (2)
- Needs to be accessible to all and louder
- No head table, should be in centre for better acoustics
- Council staff should speak plain English and avoid jargon and abbreviations without explanation
- Need more opportunity to ask questions from presentations
- People want more communication – ask them what they want, what works well
- Hand-outs need more info on local issues, how many are affected
- Didn't hear from people working with children, would be good to get them represented in future
- Very lacking with no inclusion to children/young people with disabilities and parent/carers with disabilities
- More NHS staff from Joint Commissioning Unit to attend
- More integration required (mental health and physical health)
- LD were not included in the main structure but were side-lined within Mental Health
- When carrying out a mapping exercise start with what you know is existing
- Catering – not very healthy choices
- The boards need new blood
- Good to hear/see outcomes – does it make a difference – unclear!

Appendix 1 Output from Workshop Session 1 Joint Strategic Needs Assessment

DISCUSSION TOPIC 1: INFANT HEALTH AND CHILDREN

Question 1: What information is not in the document that you would like to see in there?

- Barnet data should be more recent
- Barnet data should show the direction of travel (trend data), whether it is improving for Barnet compared to England
- Explain the spine chart, focusing on the middle line as well as the dots (Barnet Data)
- Narrative around the trends.

Specifically relating to Maternity and Infant Health

- Additional information on pregnant mothers with disabilities
- Latest data for births with disabilities
- Highlight the amount of support the child requires (support the mother)
- Breakdown on elective and emergency caesarean
- More information and data around the reason why women would elect to have a caesarean. Is there a problem and what is the risk?

Specifically relating to Children and Young People

- Add more data on children with disabilities
- Additional information on social services to show support for parents of children with learning disabilities
- Information on schools that provide the best support for children with learning disabilities
- Add crime data on children
- Data sets joining together:
 - vulnerable children who have disability and emotional wellbeing
 - parental ill-health and substance misuse and domestic violence linked to outcomes for children
- Do a specific report on vulnerable looked after children
- Children's tooth decay
- Less data and more explanation and actions that need to be taken (gaps in services).

Question 2: What are the services like for the topic on your table?

- Need to increase availability and accessibility of early intervention and prevention
- The increased services in schools are good but the needs of most vulnerable children might be addressed outside of schools
- Clinicians come out of clinics
- What is going on to target women during pregnancy and smoking? What other model could be used?

Question 3: What would you like to see done differently?

- Look at support and information for women with disabilities who are pregnant
- Linking of data on mental health of parents with maternity data so that there is information to support service development
- Review what is going on during pregnancy
- Activity to reduce smoking in pregnancy
- Better continuity of care in contracted services – such as seeing the same midwife for appointments
- Recording of age and deprivation of women and mode of birth / delivery
- How to assist young people and first time parents more around these issues
- List what services are available in Barnet including transition from children's to adult services
- JSNA – wider communication.

DISCUSSION TOPIC 2: MENTAL HEALTH AND DEMENTIA

Question 1: What information is not in the document that you would like to see in there?

- Introduction to document – define ‘mental health’ and ‘wellbeing’. Recommend these are separated
- Need to make sure content is accurate. It does not reflect all the work
- Consistency of design across products
- Use of language – make it culturally appropriate. Adjustment will reach more people
- Prevalence by ethnicity – data also needed, record ethnicity
- Make sure data is useful
- Data Summary: important that the layperson can understand
- Key facts then supported by charts
- Focus on key data to support key messages: ‘less is more’
- Explain abbreviations in the spine chart
- Appendix with examples of how to read spine chart
- Guide to how to use the information
- Make it easily readable
- Presentation: remove jargon, more visuals, case studies – public facing. Needs to work for all audiences
- The reports have a lot of visuals but who is the main audience for the document?
- Suggestion: proof read by community
- Accessibility: priorities, key messages supported by key data. What are we doing well? What are we doing to improve health and wellbeing?
- What is underway / what are we doing to change things and what is working well?
- Gaps:
 - People with Autism – has to be addressed: data is needed;
 - Dual diagnosis - people with mental health difficulties and learning disabilities;
 - Downs Syndrome or Dementia – need for individual support – would they be seen in Dementia Services?
- There is not any real reference to the customer experience of services
- We would like to see mental health across the whole of people’s life journey: from perinatal mental health, children and their families, transition, adult services and services for older adults, terminal illness
- Integration – present service and speed of response
- Signposting of services – the pathway of mental health how to access services

- We need to take account of wider community data such as crime data. People with Mental Health problems are often victims of crime. We need to acknowledge that people who commit crime may do so because they didn't get the help they needed initially
- A directory of services
- Resource centres – need local information on services – through CCG Communications
- Social isolation – lack of socialisation – more information.

Specifically in relation to Dementia

- Easy read version
- Need more of positive profile / raise profile
- Need to include key messages
- Include interventions that can help, such as respite
- Ethnic monitoring – representation quite low
- Add a conclusion – different terminologies i.e. language barriers
- Key Messages - Confusion regarding learning disability - is this specific to Dementia
- No 11 needs clarification
- Focus on older adults – need to highlight also young people and working groups include age appropriate services for those groups
- Include over 85s - targeting right people
- Vulnerable carers of those with dementia – 6 weeks pathways – what happens.

Specifically in relation to Mental Health

- Link between physical and mental conditions
- Health and Wellbeing strategy
- Comments
- Less writing more examples
- Mental Health – enable community access – normal life
- Social inclusion
- Local service – the Network
- Stigma
- Target people blocking services – care programme approach – should be discussing
- Question some of the indicators
- Mental Health across the ages.

Question 2: What are the services like for the topic on your table?

- Adults' and children's work is still very separate, despite on-going work to address this
- Information & Advice – specifically for carers of dementia
- Dementia hub – free and paid carer information available and support
- Dementia Cafe – great thing – need it in all localities
- Referrals – dementia rising / safeguarding alerts rising for people with dementia
- More awareness needed
- Wardens/caretakers/what is being done to improve awareness
- Under-recording of dementia – GP recording
- Raise awareness with families – first people to see the signs
- Early detection
- More community involvement – ideally not having to wait for people to be admitted into hospital
- There are people with mental health issues who get batted around
- Physical care need – turned into safeguarding
- MH services do need to recognise that carers can be of help
- Some people do access respite - integrated care team – doing a good job
- How to avoid inappropriate admissions
- Use more resources available in Borough
- More recovery orientated – focus on 'hope', use people's lived experience in service improvement
- Eclipse – role in this area: outreach in libraries, groups, training
- More work with employers
- Employers have done Mental Health awareness – (the Network, Eclipse)
- Disability Awareness Advisers – have achieved helping people get into work
- Issue – LD and Autism accessing MH services and being seen – statutory requirement to be seen
- BME different perspective
- Chinese Community Centre – more in Barnet's largest community
- Work with Care Homes – to do activities which help people come alive.
- Spread good practice. Understand person: 'This is me'
- Wellbeing in the community – more needs to happen. What community health services are available, where they are – point of entry
- Healthwatch Barnet needs to be a source of queries, with information on access to services
- Healthwatch – equality issues. Have engagement with communities and be part of an integrated approach
- Bring back Day Centres for people – a place for them to have social contact
- West side of the Borough – Burnt Oak, Edgware needs more work

- Better communication between services. Navigate through services
- How are services to be sustained?

Question 3: What would you like to see done differently?

- Learning disabilities and mental health services working together in terms of skills and training
- More support for voluntary organisations. Help each other. Low cost services, integration
- Better integration of work with troubled families to support better mental health across life course
- Parental support for parents of children with disabilities
- Support for children with parents with mental health problems
- Experience of children's / adults' service are to involve the whole family
- Inequality – understand the bigger picture
- See person as whole person, with different needs
- Need to make better use of resources that are available
- Better use of venues which are empty – for organisations that are looking for buildings
- Accessing services – good communication needed. BME, LD, Autism
- Share good practice – Gap Autism – within MH.

DISCUSSION TOPIC 3: HEALTHY LIFESTYLE

Question 1: What information is not in the document that you would like to see in there?

- Make the documents more accessible / plain English
- Key messages more Barnet specific
- More positivity in key messages
- Public input to communications
- Proofreading
- Info on ethnicity and diabetes – more info on differences between Barnet's ethnic communities and health conditions
- How we engage with minority and ethnic groups
- References to people with learning disabilities related health issues
- More information behind statistics. See 'Discharge Home'
- Why are Barnet's rates better than national average? Is it down to what the health services are doing or something else?
- The reports don't say what Barnet's health services are doing and what should be next steps
- Pertinence of ageing population on rates of Heart Disease / Stroke / Diabetes as cause of death or cause of infirmity / quality of life. That is, they may not be 'killers'
- Ages cohorts of people who have Strokes / Heart Disease / Diabetes – to see where need is and services needed
- Drill down to ward level (including ethnicity, deprivation by ward). Do we need this level of analysis or should focus be on taking action?
- What are the action plans based on the data?
- What is happening / what's working / what are the plans? (The 'narrative')
- What are the report / key messages meant to achieve and who are they aimed at?
- What impact are the Partnership Boards having?

Specifically in relation to Cardiovascular disease:

- Range of services and locations – not all listed
- Accessibility of stroke [services]
- Prevention
- Early supported discharge
- Review
- Root cause: diet, exercise, in childhood and families, maternity smoking.

Specifically in relation to Diabetes

- Does not explain how to prevent diabetes for people of South Asian and Caribbean origin
- Who leads on Diabetes in Barnet?

Question 2: What are the services like for the topic on your table?

- Not enough referrals
- Lack of funding for communication
- More prescriptive service rather than discussing options, overly focussed on medication
- Greater focus needed on dietary advice and emphasise the importance of dietary advice
- Generally good but services need to understand people are 'overwhelmed, what are the priorities' – need emotional support – including after they come out of hospital. 'Catastrophic nature of the event'
- Need parallel practical support (benefits etc) and psychological support
- Need more accessible rehab / at home – on-going support
- Organisations need to be more flexible / responsive to people's needs – move on as needs develop in the community – a person-centred approach
- Need services for younger people who have had a stroke – employment help, their children become carers.

Question 3: What would you like to see done differently?

- Need to tackle poverty – healthy living is expensive
- Education in schools – early input teaching to cook: mothers, secondary school, community development
- Utilise school kitchens
- Use of supermarkets to deliver key messages
- Link services to demographics to achieve success (poverty, employment)
- NHS Health Checks – review age: 55+?
- Increase personal responsibility
- Prevention
- Early intervention is needed in terms of diabetes prevention and dietary advice
- More choice
- More dietary advice
- Enable people / support people to make better choices
- More / clearer information for those with learning disabilities
- Funding for communication and workshops
- More practical help for people going through these conditions

- More emotional support
- Comprehensive, integrated signposting system – so people can access the information available
- Make sure information is kept up to date
- We need cross-fertilisation of information across the Partnership Boards. Share information.

Appendix 2 Output from Workshop Session 2

Barriers to Physical Activity

Points made by discussion groups in relation to identified barriers to physical activity:

Barrier 1: Cost

- Start the conversation with a map of free activities
- Let everyone know what is available and costs
- Encourage people to use what is available e.g. Friern Barnet library organises yoga classes for a small fee
- Example of low cost activity: Nordic walking
- Discount card for people with low income, unemployment and disability
- Issue vouchers
- Freedom passes for carers (available in Hertfordshire)
- Promote fantastic parks
- Help people to access outdoor gyms
- Walking round a park costs nothing
- Events in parks for groups must be free (no charge)
- Park run in Oakhill Park on Saturday mornings
- Every local park should have a community development project to get people active who don't like sport
- Provide information on: exercising at work, top tips for exercise, it's not about joining a gym
- Subsidise gyms
- Schools should offer facilities to local residents. People should have access to these facilities during school holidays
- Children should be supported to participate in physical activities
- Not just the cost of the activity but also the cost of the transport
- Dial-A-Ride and star bus (from social services)
- How do Health and the Local Authority work together?
- Links to be made between Health, Local Authority, GPs, other public services e.g. Jobcentre Plus
- Culture change.

Barrier 2: Time

- Gym / more facilities available at workplace e.g. NLBP – walk around the park, gym
- Running at lunch time but no place to shower
- Change culture – taking a lunch break – campaign (Radio 4)
- Bike at work scheme
- Cycle lanes – safer routes, Totteridge Lane
- Do things with other people to increase activity
- Walk and talk sessions so that activity is not always the main focus

- Buddy schemes - volunteers, befrienders etc to support people with 'too much time'
- Some people are time-rich so if they receive support, those service providers should provide information and run activities
- Package of support cut so much that it doesn't allow for physical activity – buddy ups?
- Learn from people who do exercise often
- Times are not flexible for people i.e. either in the mornings or the late evenings
- Community centre at weekends to support full-time workers
- More flexible working hours
- Engaging children and parents to do more physical activity
- Make use of local schools for swimming by the public
- Thinking outside of gyms
- Using time that's available
- Having one to one meetings whilst walking
- Standing up walking ('on the spot')
- Can be built into your daily life, using staircase, walking to work / school
- Walk to the bus stop
- Communication – half a day, 20 minutes, message to say 30 minutes may motivate people. Do not need to do it in one go
- Motivation and time to take mini exercise sessions (i.e. five minutes at home)
- Work with the expectations in society – 'people want instant results'
- Improve access to information
- Time can be linked to cost.

Barrier 3: Quality and Facilities

- Facility staff awareness of disability including mental health. Training to support people using the facilities needed
- Taster sessions
- Formal and informal activities
- Outreach
- Range of facilities across different areas of Barnet: outdoor gyms, green spaces, private gyms, walking
- GP referral scheme
- Accessible information for people
- Loads going on but a lack of knowledge of where
- 'Selling' it to people – introduction
- Information on what is free, sponsored, etc
- Barnet is a massive Borough – so transport is an issue, for both young and old
- Customer groups – commit but don't sustain
- Social connections – help with motivation. How to facilitate social connections: Outreach Buddies and Introduction Service
- Meeting Up Groups' and still feel safe
- Social clubs should be more available for people who want an alternative activity and who might like to meet up for coffee, walks and a chat etc

- Dance classes, Tea, Zumba, chair exercises – open to various needs and accessible to various groups. Organisation to signpost
- Tea dance and Ballroom dancing might be a social alternative to the older adults who can then teach younger ones to get both generations involved
- Facilities for older people
- Physical activity – facilitate people to take part: walking area, gardening, dancing
- Alternative – walking routes – walks of interest
- Park gyms are good but older people may not use them
- GLL – how well are they known to community?
- Five facilities throughout Borough
- Promote that there are swimming pools for wheelchair users
- Sessions in gyms for visually impaired
- Motivational issues – change mind-set
- Sustainability
- Residents' feedback - telephone survey of users and local focus groups
- People find most sport clubs expensive
- 'Better gyms' for people: benefits and reduced costs. Cost effective
- Eligible if have personal budget.

Barrier 4: Accessibility and Availability

- Lack of activities in Edgware
- At places where there is equipment and staff, the staff should be good at including everyone
- Staff should be trained to help those with visual impairment to use equipment
- Lack of facilities for people in wheelchairs
- Access to gyms for those with disabilities: targeted support
- Be sure Council facilities have support – showers, lockers
- Location affects accessibility. People need help getting to the activity – publicise options – Dial-a-ride / taxi service / bus routes
- Availability of safe cycle routes and more of them
- Green transport plan needed – encourage cycling
- Safety for cyclists
- Modelling – bike bank to use in work
- Use green spaces – build into everyday life
- Health walks (free) other benefits e.g. meeting other people
- Green gyms
- Improve quality of footpaths e.g. Dollis Valley Walk for those with disabilities
- Large debris on public footpaths causes an obstacle, including dustbins
- Signposting to footpaths
- Road markings / crossings synchronised to make sure these are safe for children / those with disabilities
- Lighting in public spaces
- Improve bus routes to Hampstead Heath and Trent Park
- Working with partners - Saracens, football clubs, ramblers etc

- Use existing facilities – gyms in schools
- Use of schools outside of school hours – weekends / half-term
- Lack of support from schools
- Identify champions to take low cost ideas forward
- Activity coordinators – network so people can access them
- Suggest maybe groups of workshops where people could go – walking, running and cycling
- Buddy up with other people – walks with dog owners
- Group walks on particular days
- Walk to destination seats
- Walk around the parks – Barnet Mencap need to do it
- Guided walks – visually impaired?
- Education – benefits of walking – makes you feel good. Lots of green
- Maps – of walks, ramblers – can join, slow and fast walks, age-related, mothers
- Information on availability and choice
- Directory of things available – if more people use a service, the cost can be reduced
- Finance is tight
- Provide discounts for certain groups
- Discounts at sports centres (Cophall) for carers / people with stroke (especially younger people)
- Move of Barnet Football Club – loss of their community activities
- Barnet Council make physical activity integral to their strategic plans – i.e. not stand-alone policy
- Sport is not seen as important – compared to building schools / hospitals
- Many Council staff are residents of Barnet – develop workplace health
- Won't go to the gym – intimidating
- Male orientated and not user friendly i.e. using equipment
- Cultural pressures: too much pressure on women to look good, the media says women should look stick thin
- Cultural issues are implemented in activities e.g. Muslim women accessing activities
- Need motivation
- There will be 5 – 6 outdoor gyms that will be implemented in April 2014
- New Public Health grants scheme provides £750 to involve people in groups which could help to buy equipment etc
- Big Lottery funds activity
- Make better use of services that exist
- Barnet has a wealth of activities, but private firms take a lot of these
- Look at where it works and try to replicate it – better use of resources
- NHS Stroke Exercise Group at Torrington Park Practice – make it more available in other parts of the Borough
- Identify gaps to do something different – listen to local people. See what does not exist
- Negotiate with local authority
- Continuous monitoring and making it accessible to other people.

Barrier 5: Information on what is available

- GPs should (and do not) have information on activity times and transport and it should be on Barnet Council's website
- Organisations promoting services should give information to GPs
- Gyms to promote benefits of exercise for particular conditions
- Sharing information – have central point to find out what's happening locally
- Poster campaign to inform people of what is available and how they can lobby for improvements
- Link with talking newspapers to reach visually impaired people
- Announcements in public spaces, buses, supermarkets
- Facebook page
- Combine information events with social events – link physical activity with social activity
- Use park noticeboards / cafes / community noticeboards / doctors surgeries / supermarkets
- Increased signage about open spaces, suggestions of activities, events to hold
- Increase frequency of street signs
- Provide information in something people can pick up easily e.g. Hampstead Heath leaflet of What's On
- Level of activities available
- Knowledge is disjointed on where you find information
- Activities are not 'sold' to people
- More awareness of benefits of accessing services. Encourage BME groups - through advocacy
- People want to know that there is a coach or trainer available
- Tailor information for people with learning disabilities
- Directory of Services for people with learning disabilities
- Emphasise statistical safety of cycling in Barnet, inform good routes.