

## Health and Wellbeing Strategy 2019-22 consultation

Improving people's health and wellbeing is a top priority for Enfield.

The council, health services and the voluntary sector in the borough are together developing new ways to do this, and we want your views.

On average, this survey should take between 8-10 minutes to complete.

### The vision

We are thinking about a new vision for making Enfield a healthier place. Our suggested vision is: **To make the healthy choice the first choice for everyone in Enfield.**

Q1 To what extent do you agree or disagree with this vision?

- ☐ Strongly agree
- ☐ Tend to agree
- ☐ Neither agree or disagree
- ☐ Tend to disagree
- ☐ Strongly disagree
- ☐ Don't know

Q2 Can you please explain your answer and suggest an alternative vision if you don't agree with the one we've suggested?

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Q3 When you think about being healthy and living well which of the following do you think are important? *Please select all that apply*

- ☐ Feeling happy
- ☐ Knowing who to talk to if you feel stressed or worried
- ☐ Sleeping well at night
- ☐ Having friends, family and a support network that can help you
- ☐ Having a reduced risk of cancer, heart disease, lung disease and diabetes
- ☐ Living for a long time in good health
- ☐ Living without pain
- ☐ Having something meaningful to do every day
- ☐ Having somewhere suitable to live
- ☐ Having good sexual health
- ☐ Having a healthy weight
- ☐ Other

If other, please specify

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Q4 What do you think you need to do to be healthy and live well? *Please select all that apply*

- ☐ Eating 5 portions of fruit and vegetables everyday
- ☐ Not eating too much processed food / takeaways and cook more from scratch
- ☐ Being physically active
- ☐ Not smoking nor being a passive smoker
- ☐ Not drinking too many sugary drinks

- ☐ Not drinking too much alcohol
- ☐ Other

If other, please specify

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Q5 When you think about wellbeing, which of the following do you think is important? *Please select all that apply*

- ☐ Your home/where you live
- ☐ Your neighbourhood/ the places you spend time in outside your home
- ☐ How you travel/get around
- ☐ Your income/money
- ☐ Feeling safe/not worrying about crime
- ☐ Other

If other, please specify

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We are looking at ways in which health care professionals could talk to you about community activities to help you improve your health, instead of only offering medical solutions. This could include helping you to access singing groups, art activities, walking, gardening, sports clubs or another activity in your community.

Q6 To what extent do you agree or disagree that this is a good approach to improving people's health?

- ☐ Strongly agree
- ☐ Tend to agree
- ☐ Neither agree or disagree
- ☐ Tend to disagree
- ☐ Strongly disagree

☐ Don't know

Q7 Please explain your answer, so that we can better understand why this approach may or may not work.

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### Eating healthily

We are now going to ask you some questions about eating healthily.

Q8 What did you have for dinner last night?

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Q9 When you decided what you had for dinner last night what influenced your decision? *Please select all that apply*

- ☐ What I felt like eating
- ☐ How much it cost
- ☐ What food I had available at home
- ☐ How long it took to prepare and cook
- ☐ Whether I felt like cooking
- ☐ Whether it was healthy
- ☐ Whether I was able to buy the meal/ingredients
- ☐ Ideas from friends or family
- ☐ Ideas from advertising
- ☐ My medical condition
- ☐ Other

If Other, please state

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### Being physically active

We are now going to ask you some questions about being physically active.

Q10 What does a typical week look like for you when it comes to physical activity? *Please select all that apply*

- ☐ I walk
- ☐ I cycle
- ☐ I go to the gym
- ☐ I play team sports
- ☐ I go swimming
- ☐ I go jogging/running
- ☐ I am physically active through my job
- ☐ I don't do any physical activity
- ☐ Other

If other, please specify

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How many minutes a week do you walk?

- ☐ Less than 30 minutes
- ☐ 30-60 minutes
- ☐ More than 60 minutes

How many minutes a week do you cycle?

- ☐ Less than 30 minutes
- ☐ 30-60 minutes
- ☐ More than 60 minutes

How often do you go jogging/running a week?

- ☐ Once
- ☐ Twice
- ☐ More than 3 times a week

How often do you go to the gym?

- ☐ Once a week
- ☐ Twice a week
- ☐ More than 3 times a week

How often do you play team sports?

- ☐ Once a week
- ☐ Twice a week
- ☐ More than 3 times a week

How often do you go swimming?

- ☐ Once a week
- ☐ Twice a week
- ☐ More than 3 times a week

Q11 For the activity you took part in, where did you do it? *Please select all that apply*

- ☐ At home
- ☐ At school
- ☐ At work
- ☐ In a gym
- ☐ On a cycle path
- ☐ On the road/pavement
- ☐ In a park

- ☐ In a sports hall
- ☐ On a walking path
- ☐ Not applicable
- ☐ Other

If other, please specify

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### Being smoke free

Q12 Have you smoked in the last week? (This does not include vaping or e-cigarettes)

- ☐ Yes
- ☐ No
- ☐ Not sure

Q12a Where were you when you last smoked?

- ☐ At home
- ☐ In the car
- ☐ Outside my home (e.g. outside my flat, on the stairs leading up to my flat)
- ☐ Outside my office
- ☐ Outside a public building (e.g. outside the library, outside the hospital)
- ☐ In a park
- ☐ On a street
- ☐ Other

If other, please specify

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Would you like to receive more help in stopping smoking?

- ☐ Yes

- ☐ No
- ☐ Not sure

Q13 What do you think would stop more people from starting to smoke?

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Q14 What do you think would encourage more people to stop smoking by themselves?

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### About you

To help us better understand the information you have provided and to establish if the response to the questionnaire is representative of the borough, please respond to the questions in this section. Any information you provide will be collected, stored and managed in accordance with the General Data Protection Regulation (2018).

Q15 How old are you?

- |                                |                                |  |
|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 60 or over        |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 50-54 |  |
| <input type="checkbox"/> 35-39 | <input type="checkbox"/> 55-59 |  |

Q16 Are you

- |                                 |  |
|---------------------------------|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Transgender       |
| <input type="checkbox"/> Male   | <input type="checkbox"/> Prefer not to say |



Q17 In which postal district do you live?

- |                              |                              |  |
|------------------------------|------------------------------|--|
| <input type="checkbox"/> EN1 | <input type="checkbox"/> EN8 | <input type="checkbox"/> N14               |
| <input type="checkbox"/> EN2 | <input type="checkbox"/> N22 | <input type="checkbox"/> N18               |
| <input type="checkbox"/> EN3 | <input type="checkbox"/> N9  | <input type="checkbox"/> N21               |
| <input type="checkbox"/> EN4 | <input type="checkbox"/> N11 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> EN6 | <input type="checkbox"/> N13 |  |

Q18 Please let us know if you receive any of the following? *Please select all those that apply*

- |  |  |
|--|--|
| <input type="checkbox"/> Housing Benefit     | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Council Tax Support | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Universal Credit    |  |

Q19 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- |  |  |
|--|--|
| <input type="checkbox"/> Yes, limited a lot    | <input type="checkbox"/> No                |
| <input type="checkbox"/> Yes, limited a little | <input type="checkbox"/> Prefer not to say |

Q20 What is your religion?

- ☐ No religion
- ☐ Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- ☐ Buddhist
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Prefer not to say
- ☐ Any other religion

If 'Other', please specify

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Q21

Are you

- ☐ Heterosexual
- ☐ Gay Man
- ☐ Gay Woman/Lesbian

- ☐ Bisexual
- ☐ Prefer not to say

Q22

How would you describe your ethnic origin?

- ☐ English / Welsh / Scottish / Northern Irish / British
- ☐ Irish
- ☐ Greek
- ☐ Greek Cypriot
- ☐ Turkish
- ☐ Turkish Cypriot
- ☐ Italian
- ☐ Russian
- ☐ Polish
- ☐ Kurdish

- ☐ Gypsy / Irish Traveller
- ☐ Romany
- ☐ Other Eastern European
- ☐ White and Black African
- ☐ White and Black Caribbean
- ☐ White and Asian
- ☐ Mixed European
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi

- ☐ Sri Lankan
- ☐ Chinese
- ☐ Caribbean
- ☐ Ghanaian
- ☐ Somali
- ☐ Nigerian
- ☐ Arab
- ☐ Prefer not to say
- ☐ Other

If 'Other', please specify

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Thank you for completing the survey

The website 'landing page' for the survey will include the following information:

**Support to stop smoking**

Free, proven support to **help you quit!** Join the millions of people who have used [NHS Stop Smoking Services](#) and [StopsmokingLondon](#) to **help** them **stop smoking**.

**Leisure centres**

Information on Leisure Centres in Enfield and ways to stay active can be accessed [here](#).

**Support for mental health**

You can find information on improving your mental health and wellbeing by visiting [Healthy Enfield](#) and [NHS Choices](#).

**Healthy eating**

All information on healthy eating on a budget, including cutting out sugar can be accessed [here](#).

**Enfield Food Bank**

To access North Enfield foodbank there are a few simple steps to follow [here](#).