

Joint Health and Wellbeing strategy consultation report

Background

Creating a strategy to make Enfield a healthier place was the brief and a consultation was designed to test the vision and gain information in regard to residents' current attitude towards health and wellbeing.

The vision read as follows;

To make the healthy choice the first choice for everyone in Enfield. This means making it easier for people to be physically active, eat healthily and be smoke free. We want to work with communities to create opportunities to make this happen.

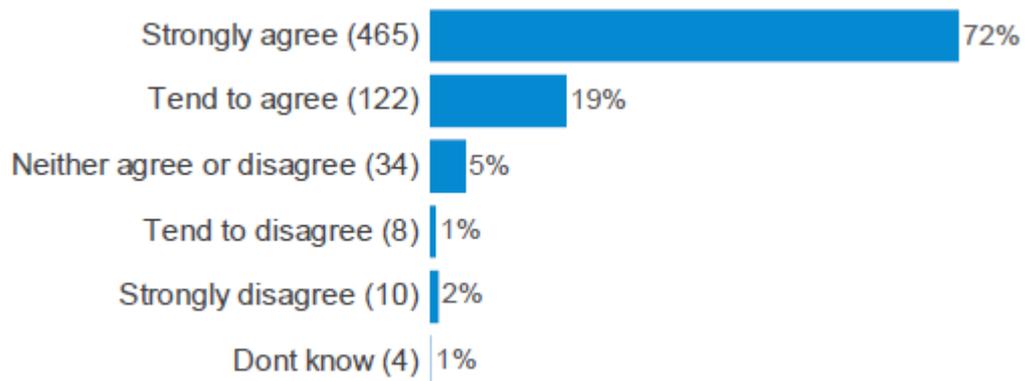
The consultation was available on the Council's website for 8 weeks, with the consultation ending on 17 February 2019. Social media was used to promote the consultation and community groups were written to and invited to participate.

A market research company were contracted to conduct 400 face to face consultations and Council staff also undertook a mornings face to face activity.

In all, **643 responses** were received.

Analysis:

1.1 The Vision – Overwhelmingly agreed with. (91% selected strongly agree or tend to agree)



Alternatives/additional themes are shown below; (Base 285)

NHS need help/Reduce burden 30

Cost is a massive factor 25

Very important/Health = Happiness 14

Pollution/Air quality 9

Smoking in public places 8

Fear of violence and crime 8

Responsibility of the individual 8

Take away food volume of shops 6

Mental health 6

Reducing the burden on the NHS and cost being a factor were the most popular. The cost issue to the respondent was explained along the lines of cost being a big barrier to eating healthily and joining gyms etc.

1.2 Most important when thinking about being healthy and living well – Respondents were asked to tick all that applied from the suggested options. The 3 most popular were;

1. Feeling happy (546 respondents) 85%
2. Sleeping well at night (535) 83%
3. Having friends, family and a support network that can help you (507) 79%
4. Having a healthy weight (498) 77%
5. Feeling that you/your family are safe from crime and ASB (495) 77%
6. Having reduced risk of cancer, heart disease, etc (487) 76%
7. Living for a long time in good health (482) 75%
8. Living without pain (480) 75%
9. Having somewhere suitable to live (480) 75%
10. Having something meaningful to do every day (446) 69%
11. Knowing who to talk to if you feel stressed or worries (426) 66%
12. Having a good income (412) 64%

Themes that emerged under 'other' are shown below: (Base 90)

Safe area 9

Clean environment/Air quality 9

Access to low cost gym 7

Caring community/Good neighbours 7

Good food 6

Good mental health 5

Easy availability of GP/Pharmacist 3

Some interesting points themes emerged under 'Other', that certainly warrant consideration when formulating the strategy.

1.3 Most needed to do for family to be healthy and well - Respondents were again asked to tick all that applied from the suggested options. The 3 most popular were;

1. Be physically active (585 respondents) 91%
2. Not eat too much processed food/takeaways and cook more from scratch (561) 88%
3. Not smoke nor be a passive smoker (538) 84%
4. Not drink too many sugary drinks (529) 83%
5. Not drink too much alcohol (515) 80%
6. Eat 5 portions of fruit and vegetables a day (491) 77%

Themes that emerged under 'other' are shown below; (Base 100)

Mental health/Stress free 14

Clean environment/Air quality 7

Family time 6

Socialise 4

Moderation 4

Enough money to buy food 2

Sleep well 2

1.4 When thinking about wellbeing which of the options was most important –

Respondents were asked to consider 5 options. The 2 most popular were;

1. Your home (594 respondents) 93%
2. Your neighbourhood/the places you or your family spend time in outside your home (548) 86%
3. Your income/Money (439) 69%
4. How your family travel/Get around (368) 57%
5. Your job (303) 47%

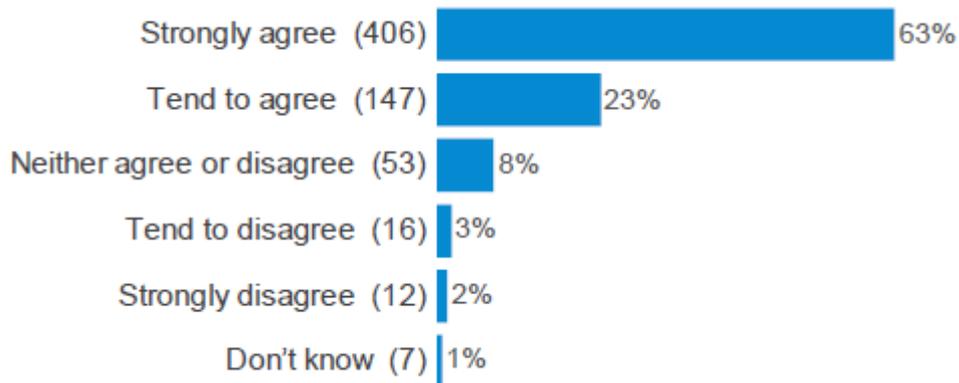
Themes that emerged under 'other' are shown below; (base 96)

Relationships/Support/Friends 25

Safety 10

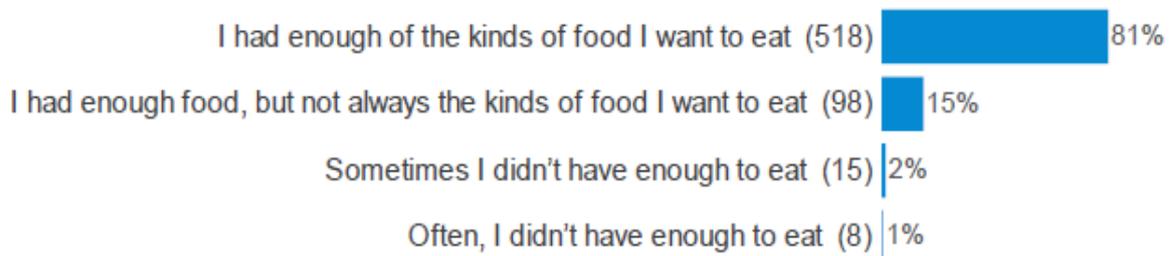
Access to nature/Green space 6

1.5 Health care professionals promoting community activities instead of just medical solutions – Again there was overwhelming support. (86% strongly agreed or tended to agree)



The chart below shows the themed reasons as to why this is important (base 170)

1.6 Statement describing food eaten in the last 12 months – Respondents were asked to consider 4 statements. Worryingly 8 respondents said that they often didn't have enough to eat and 15 said they sometimes didn't have enough to eat.



1.7 What respondents had for dinner the previous evening – The responses were easily split into 5 areas. It should be noted that not everyone answered this question and there may have been some confusion over what constituted a home cooked meal.

Below are the responses; (Base 596)

Home cooked 469

Ready meal 48

Take away 39

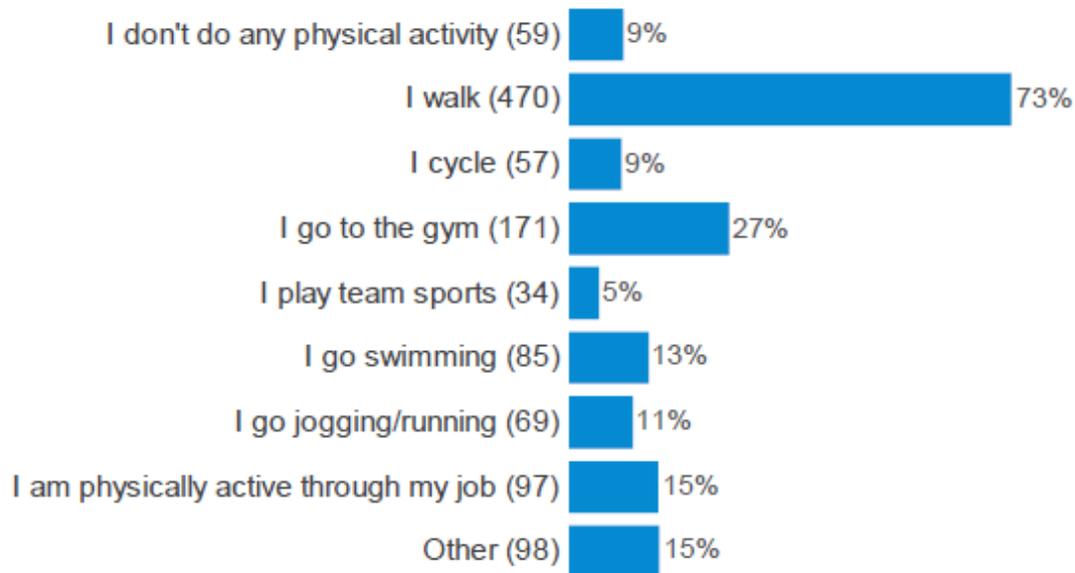
Restaurant 31

Skipped dinner 2

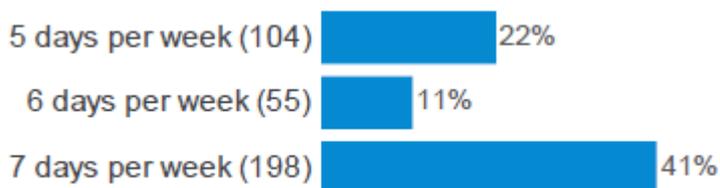
1.8 What influenced the decision for dinner – Respondents were asked to consider 12 options and tick all that applied. The 5 most popular were;

1. What I felt like eating (332 respondents) 52%
2. What food I had available at home (268) 42%
3. Whether it was healthy (246) 39%
4. How long it took to prepare and cook (176) 28%
5. Who I was eating with (133) 21%
6. What time I got home from work (83) 13%
7. Whether I felt like cooking (82) 13%
8. How much it cost (73) 11%
9. Ideas from family and friends (40) 6%
10. My medical condition (26) 4%
11. Whether there were food stores/Eateries nearby (21) 3%

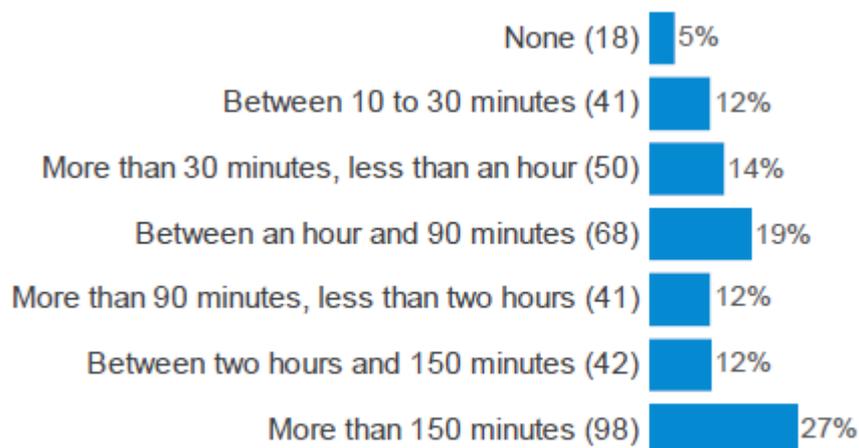
1.9 Weekly physical activity – Respondents were again asked to tick all options that applied from a list of 8 options. 9% of the respondents admitted to doing no physical activity which is probably higher than ideal. Walking was by far the most popular activity with going to the gym the clear second best.



For those who **cycle and walk for at least 10 minutes a day** it was encouraging that 74% do this for 5 days a week or more.



For those engaging in other physical activity it was excellent to see so much time being dedicated to it. 27% doing more than 150 minutes a week being of particular note.

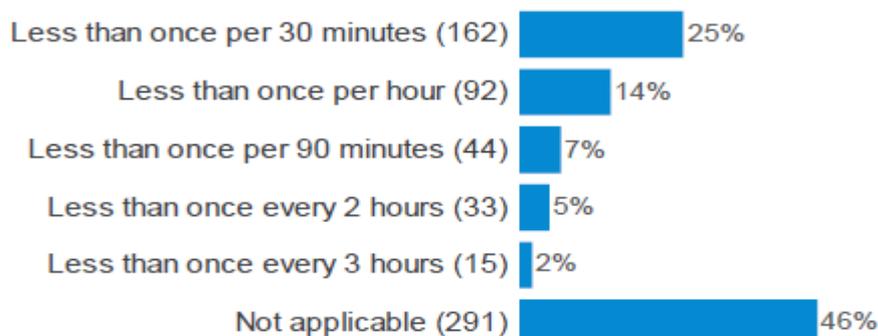


In terms of where physical activity was undertaken it was interesting to note the 2 most popular locations were free to use resources being roads/pavements and parks.

1. On the road/pavement (285 respondents) 46%
2. In a park (196) 32%
3. In a gym (175) 28%
4. At home (110) 18%
5. On a walking path (98) 16%
6. At work (97) 16%
7. In a sports hall (60) 10%
8. On a cycle path (19) 3%
9. At school (16) 3%

Note: Swimming pool featured predominantly under 'other' which in retrospect should have been included in the options.

Moving away from desk while at work - This only applied to just over half of the respondents, but it seems that there could be some thinking to be done around encouraging workplaces to allow more breaks away from the desk.



1.10 Smoking – Clearly the Council would want the non-smoking figure to be as high as possible and it was reassuring to see that 90% of respondents don't smoke.

Have you smoked in the last week? (This does not include vaping or ecigarettes)



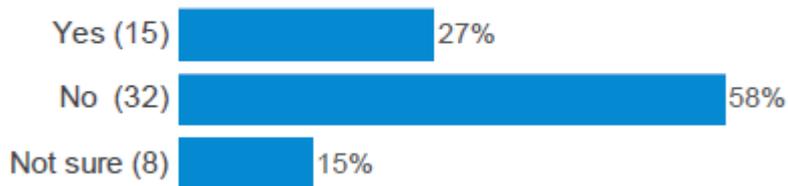
It was good to see that this figure went up to **96% for 18-24 year olds only.**

Have you smoked in the last week? (This does not include vaping or ecigarettes)



Of those that do smoke, 27% said that they would like help in **trying to stop.**

Would you like to receive more help in stopping smoking?



Respondents were also asked what would stop people from starting to smoke and what would encourage people to stop smoking. The results are shown below.

What would stop people smoking

Education 147

More expensive 95

Stop selling/Ban it 35

Peer pressure 27

Ban in more public places 27

Get people vaping 10

Less socially acceptable 6

Smokers to pay for their own treatment 4

What would encourage people to stop smoking

Support 50

Cost 39

Free patches/Vapes 34

More willpower 19

Cheap activities/Leisure centres 12

Ban tobacco 6

Who responded

Age - We had a good spread of responses across the age ranges but were over represented by older respondents. This is not unusual though in all consultations that the Council engage in.

Gender – Men responded significantly less than women, but cross break analysis demonstrated that this had no impact on the findings.

Post code – EN1 and EN2 were over represented as usual. This happens consistently across all Council consultations. Targeted face to face consultations did take place in N9 and N18 though to ensure voices were heard.

Disability – As we would expect from Borough wide data.

Religion – According to the Borough profile Muslims (16.7%) were significantly underrepresented in the consultation. Only 3.9% of respondents in this consultation were Muslim.

Ethnicity – White British respondents were significantly over represented in comparison to the Borough profile data. 64.5% vs 40%

Summary

The consultation has shown us that there is strong support for the strategies vision, but it has also raised a few areas and ideas that respondents would like to see included.

It probably wasn't any surprise that respondents were in support generally though as health is obviously important to everyone. The consultation was certainly worthwhile though as we

now have a good understanding of what people think is most important and some very helpful data to help shape the strategy.

It should be noted that looking at the data with filters on such as gender, age, post code etc didn't show any significant differences that could be confidently reported.